# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 05, 2004 8:00 am**
**Secretary of State**
02-05-2004 90014 048 ****70.00

DOCUMENT # 746744

1. Entity Name
CENTERS RESI-SERV, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 11115 N. NEBRASKA AVE.<br>TAMPA, FL 33612 | 11115 N. NEBRASKA AVE.<br>TAMPA, FL 33612 |

**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1906179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, LYNWOOD
400 N TAMPA STREET
SUITE 2450
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ST |
| NAME | ITIALIANO, JANE |
| STREET ADDRESS | P.O. BOX 18425 |
| CITY-ST-ZIP | TAMPA, FL 336798425 |
| TITLE | D |
| NAME | SCOTT, RHON JR. |
| STREET ADDRESS | 19095 SO. TAYLOR RD. |
| CITY-ST-ZIP | SEFFNER, FL 33584 |
| TITLE | PD |
| NAME | ARNOLD, LYNWOOD F |
| STREET ADDRESS | 400 N TAMPA STREET, STE #2450 |
| CITY-ST-ZIP | TAMPA, FL 336025126 |
| TITLE | D |
| NAME | STONE, HARRIET |
| STREET ADDRESS | 115 PHILLIPS DR. |
| CITY-ST-ZIP | SEFFNER, FL 33584 |
| TITLE | D |
| NAME | LOWE, RITA |
| STREET ADDRESS | 2403 S. ARDSON PL. |
| CITY-ST-ZIP | TAMPA, FL 33629 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ LYNWOOD F. ARNOLD, JR. 1/31/04 813-224-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #