

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90008 010 ***550.00

DOCUMENT # F00000004221

1. Entity Name
SERCO MANAGEMENT SERVICES, INC.



Principal Place of Business
**20 EAST CLEMENTON ROAD
GIBBSBORO, NJ 08026 US**

Mailing Address
**20 EAST CLEMENTON ROAD
GIBBSBORO, NJ 08026 US**

54066141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

22-3516361

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	HENRY, MICHAEL	
STREET ADDRESS	20 EAST CLEMENTON RD.	
CITY-ST-ZIP	GIBBSBORO, NJ 08026	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GILL, STEVEN	
STREET ADDRESS	20 E. CLEMENTON RD.	
CITY-ST-ZIP	GIBBSBORO, NJ 08026	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEY, BRADLEY	
STREET ADDRESS	20 E CLEMENTON RD	
CITY-ST-ZIP	GIBBSBORO, NJ 08026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, BRADLEY	
STREET ADDRESS	20 E CLEMENTON RD.	
CITY-ST-ZIP	GIBBSBORO, NJ 08026	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELL, DARYL	
STREET ADDRESS	20 E CLEMENTON RD	
CITY-ST-ZIP	GIBBSBORO, NJ 08026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARYL ANGELL

7-16-04

Date

856-309-2401

Daytime Phone #