


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90069 029 ***158.75

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # F00000006219 1. Entity Name MUNICIPAL SERVICES COMPANY, INC. | | | |  | |
| Principal Place of Business 1608 SPRING LAKE ROAD FRUITLAND PARK, FL 34731 | | | Mailing Address 1608 SPRING LAKE ROAD FRUITLAND PARK, FL 34731 | | |
| 2. Principal Place of Business 889 County Road 482-D Suite, Apt. #, etc. | | 3. Mailing Address 889 County Road 482-D Suite, Apt. #, etc. | | | |
| City & State Lake Panasoffkee, FL Zip 33538 Country USA | | City & State Lake Panasoffkee, FL Zip 33538 Country USA | | 4. FEI Number 71-0660776 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | 03152004 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent GRACE, SHERRY M 1608 SPRING LAKE ROAD FRUITLAND PARK, FL 34731 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD GRACE, SHERRY M 1608 SPRING LAKE ROAD FRUITLAND PARK, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD Grace, Sherry M. 889 County Road 482-D Lake Panasoffkee, FL 33538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS GRACE, LAURENCE D 1608 SPRING LAKE RD FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS Grace, Laurence D 889 County Road 482-D Lake Panasoffkee, FL 33538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Sherry M. Grace</u> <u>Sherry M. Groce</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4-13-04</u> (352) Daytime Phone <u>409-2690</u> | | |

14004122

