

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004264

FILED
Mar 09, 2004
Secretary of State

Entity Name: GLOBAL SERVICES NETWORK, INC.

Current Principal Place of Business:

5320 COLLEGE BLVD.
OVERLAND PARK, KS 66211

New Principal Place of Business:

Current Mailing Address:

301 DUCK ROAD
GRANDVIEW, MO 64030

New Mailing Address:

FEI Number: 48-1240187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYTON, JAMES W
1239 OCEAN SHORE BLVD., #203
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAYTON, JAMES W
Address: 1239 OCEAN SHORE BLVD., #203
City-St-Zip: ORMOND BEACH, FL 32176

Title: STD () Delete
Name: JACOBS, NORMAN
Address: 11700 PENNSYLVANIA
City-St-Zip: KANSAS CITY, MO 64114

Title: VD () Delete
Name: LYONS, THOMAS D
Address: 14975 WATERFALL DR.
City-St-Zip: STANLEY, KS 66223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN JACOBS

STD

03/09/2004

Electronic Signature of Signing Officer or Director

Date