


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90001 022 ***150.00

DOCUMENT # G35166	
1. Entity Name NORTH SHORE SERVICE CENTER, INC.	

Principal Place of Business 13990 N. CLEVELAND AVE. N FT MYERS FL 33903	Mailing Address 13990 N. CLEVELAND AVE. N FT MYERS FL 33903
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MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2301889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALTER, THOMAS J. 53 W MARIANNA AVE FORT MYERS FL 33903	
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7. Name and Address of New Registered Agent Name: GALTER THOMAS JAMES Street Address (P.O. Box Number is Not Acceptable) 1550 N.W. 28TH AVE City: CAPE CORAL, FL Zip Code: 33993	
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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: *Thomas J. Galter* DATE: 2/4/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: GALTER, THOMAS J. STREET ADDRESS: 53 W MARIANNA AVE CITY-ST-ZIP: FORT MYERS FL 33903
TITLE: P <input type="checkbox"/> Delete	NAME: DELIZIA, EDWARD STREET ADDRESS: 2207 SE 13TH TERR CITY-ST-ZIP: CAPE CORAL FL 33990
TITLE: D <input type="checkbox"/> Delete	NAME: GALTER, THOMAS J. STREET ADDRESS: 1550 N.W. 28TH AVE. CITY-ST-ZIP: CAPE CORAL FL 33993
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:
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 checked="" 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: <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: <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: *Thomas J. Galter* DATE: 2/4/04 DAYTIME PHONE #: 239 656 1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR