

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36320

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: B. A. ALBERY SERVICES, INC.

**Current Principal Place of Business:**

2953 B S. FERNCREEK AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

1450 GRANADA BLVD.  
KISSIMMEE, FL 34746

**Current Mailing Address:**

PO BOX 420699  
KISSIMMEE, FL 34742

**New Mailing Address:**

FEI Number: 59-2304837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALBERY, BRUCE  
2239 MCLAUN COURT  
KISSIMMEE, FL 34744

**Name and Address of New Registered Agent:**

ALBERY, BRUCE  
P.O BOX 420699  
KISSIMMEE, FL 34742

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: BRUCE ALBERY

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALBERY, BRUCE A,  
Address: 2239 MCLAREN CIRCLE  
City-St-Zip: KISSIMMEE, FL 00000,

Title: SD ( ) Delete  
Name: ALBERY, MICHELINE,  
Address: 2239 MCLAREN CIRCLE  
City-St-Zip: KISSIMMEE, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALBERY, BRUCE A,  
Address: P. O. BOX 420699  
City-St-Zip: KISSIMMEE, FL 34742

Title: SD (X) Change ( ) Addition  
Name: ALBERY, MICHELINE,  
Address: P. O. BOX 420699  
City-St-Zip: KISSIMMEE, FL 34742

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: BRUCE ALBERY

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date