


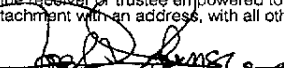


**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H42556</b> 1. Entity Name <b>LAUREL SERVICE CORP.</b>				<b>Secretary of State</b>					
Principal Place of Business <b>150 OXFORD RD, SUITE 140 P O BOX 300789 FERN PARK, FL 32730-7789</b>		Mailing Address <b>150 OXFORD RD, SUITE 140 P O BOX 300789 FERN PARK, FL 32730-7789</b>		 <b>01052004 No Chg-P CR2E034 (10/03)</b>					
<b>DO NOT WRITE IN THIS SPACE</b>				<table border="1"><tr><td>4. FEI Number <b>59-2530899</b></td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>		4. FEI Number <b>59-2530899</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>									
6. Name and Address of Current Registered Agent  <b>ROBINSON IV, JOSEPH D. 150 OXFORD ROAD FERN PARK, FL 32730</b>		<b>DO NOT WRITE IN THIS SPACE</b>							
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 _____									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>							
10. OFFICERS AND DIRECTORS		 <b>03/15/04-80062-001 150.00</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>							
PD ROBINSON, JOSEPH D., IV 150 OXFORD ROAD FERN PARK, FL									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
VP SHUTTS, ROBERT T. 150 OXFORD ROAD FERN PARK, FL									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
DT RIDGWAY, JANET 705 YOUNGSTOWN PKWY #359 ALTAMONTE SPRINGS, FL 32714									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
DS O'RILEY, PEG 3606 PINE RIDGE RD ORLANDO, FL 32808									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE 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: 		Joseph D. Robinson, IV		3/10/04 407-831-2211					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #					