


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90023 016 ***150.00

DOCUMENT # H53966
 1. Entity Name
SERVICES RENDERED, INC.



Principal Place of Business Mailing Address
 1745 MARYLAND AVE 1745 MARYLAND AVE
 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174

2. Principal Place of Business 3. Mailing Address
1745 Maryland Ave. **1745 Maryland Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ormond Beach, FL **Ormond Beach, FL**
 Zip Country Zip Country
32174 **USA** **32174** **USA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
INGLE, ROBERT G.
1251 GOLF AVE.
ORMOND BEACH FL 32174

4. FEI Number Applied For
59-2558595 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **Blake L. Beasley**
 Street Address (P.O. Box Number is Not Acceptable) **1745 Maryland Ave.**
 City **Ormond Beach** FL Zip Code **32174**

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 *Blake Beasley* **BLAKE BEASLEY** **MAR-19-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/03	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, BLAKE L	NAME	
STREET ADDRESS	1004 E. INDIANM OAKS	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, VIRGINIA F	NAME	
STREET ADDRESS	1004 E. INDIANM OAKS	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Blake Beasley* **BLAKE BEASLEY** **Mar 19-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #