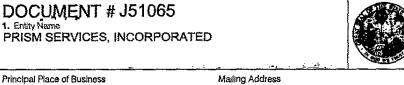
2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # J51065 1. Entity Name PRISM SERVICES, INCORPORATED

FILED May 03, 2004 08:00 AN Secretary of State



3918 NEEDLE PALM PLACE

OVIEDO, FL 32765



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

04122004 No Cha-P CR2E034 (10/03) Applied For 4. FEI Number 59-2756736 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired

GOSNELL, JERRY L. 7700 WICKLOW CIRCLE ORLANDO, FL 32817

SIGNATURE:

3918 NEEDLE PALM PLACE

OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the patients of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the St	ate of Floric	la. I am famili	ar with, an	d accept
SIGNATURES	·	e dinas	\					`	
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signature	required when remetating)		<u> </u>	DATE	_ ^	-
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			cing [\$5.00 May 8e Added to Fees	.mi. 37m 5.34	(ŏoŏōo)			
10.	OFFICERS AND DIREC	TORS			ט'ינלט	570 4-1	30084-0 ,	131	1.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		22 (27)	<u> </u>				·		<u>-</u>
12. I hereby a indicated of the corchanged	certify that the information supplied with this fill in this report or supplemental report is true? poration or the receiver or trusted empolyweed , or on an attschment with an address, find all	ing does not qualify for the exer nd accurate and that my signat I to execute this report as requir other like empowered.	nption state ure shall har ed by Chap	d in Section 119.07(3)(ve the same legal effecter 607, Florida Statute	(i), Florida S of as if mades; and that	itatutes, I fu e under oal my name a	rther certify th h, that I am ar ppears in Blo	at the info officer or ok 10 or Bi	rmation director lock 11 if