## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

## May 03, 2004 8:00 am Secretary of State DOCUMENT # J57367 1. Entity Name 05-03-2004 91047 026 \*\*\*150 00 D. A. SERVICE, INC. Principal Place of Business Mailing Address 312 PINE RIDGE CIR., APT A2 LAKE WORTH FL 33463 3708 GEORGIA AVE WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2784722 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FITZELL, ARTHUR 312 PINE RIDGE CIR., APT A2 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 City Zip Code 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 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 .... \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition TZELL, ARTHUR FITZELL, DORIS NAME 312 PINE RIDGE CIR., AZ LAKE WORTH, FL 33463 STREET ADDRESS 312 PINE RIDGE CIR., APT A2 STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition FITZELL, DORIS 312 PINE RIDGE CIR., AZ LAKE WORTH FL 33463 FITZELL, DORIS NAME NAME 312 PINE RIDGE CIR., APT A2 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ☐ Change NAME NAME. FITZELL, KEVIN-----STREET ADDRESS 4290 ROYAL BANYAN WAY, #8 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 eath; 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

FILED