


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90009 045 ***150.00

DOCUMENT # K01497	
1. Entity Name IMMUNO SERVICES, INC.	

Principal Place of Business 1620 W. OAKLAND PARK BLVD. STE.300 FT. LAUDERDALE, FL 33311	Mailing Address 1620 W. OAKLAND PARK BLVD. STE.300 FT. LAUDERDALE, FL 33311
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44049856



2. Principal Place of Business 1290 East Oakland Park Blvd	3. Mailing Address 1290 East Oakland Park Blvd
Suite, Apt. #, etc. Ste # 100	Suite, Apt. #, etc. Ste # 100
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33334	Zip 33334
Country	Country

07192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0011025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired. ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent FURNESS, COLIN 3300 NE 14TH COURT FT. LAUDERDALE, FL 33301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FURNESS, COLIN 3300 NE 14TH COURT FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Colin W. Furness **COLIN W. FURNESS** 7/23/04 954-566-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #