

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 009 ***150.00

DOCUMENT # K02868 1. Entity Name AMERICAN SERVICES, INC.			
Principal Place of Business 6916 S. COUNTY LINE RD. 4938 LAKELAND, FL 33811 Pleasant Hollow Trail		Mailing Address P. O. BOX 5085 LAKELAND, FL 33807	
2. Principal Place of Business 4938 Pleasant Hollow Tr.		3. Mailing Address Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State	
Zip 33811		Country Polk	
4. FEI Number 59-2872010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, EDWARD R. 6916 S. COUNTY LINE RD 4938 Pleasant Hollow Trail LAKELAND, FL 33811 Lakeland, FL 33811		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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, EDWARD R. 6916 SOUTH COUNTY LINE RD LAKELAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Harrison, EDWARD R. 4938 Pleasant Hollow Trail Lakeland, FL 33811
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
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	