2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # K59/19 TED SERVICES INC.	02-02-2004 90014 046 ***150.00				
Principal Plac	e of Business	Mailing Address				
2700 INDUS FT PIERCE, F		2700 Industrial ave Ft Pierce, FL 34946	3			
2. Principal P	lace of Business	3. Mailing Address	- 3			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192004 Chg-P CR2E034 (10/03)	
City & State		City & State			4. FEI Number Applied Fo 65-0094640 Not Applie	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Name O	7. Name and Address of New Registered Agent	
BRADSHAW, J. MARK				brads haw, - J Khark		
579 BENE	DICTINE TERRACE N, FL 32958			Street Addres	ss (P.O. Box Number is Not Acceptable) 244 Magans Ocean Walk	
			ŀ	City	Dero Beach FL Zip CS \$2965	
8. The above	named entity submits this statement for	the purpose of changing its	registere		istered agent, or both, in the State of Florida. I am familiar with, and acc	
the obligat	ions of registered agent.			_	dshaw 1/20/4	
SIGNATURE.	Signature, typed or printed name of registered agent of	and title if applicable. (NOT	E: Registered	Agent signature req	Juited when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150,00 iy 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont			\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	DP BRADSHAW, J. M	Oelete TITLE		. 7	Bradshaw J. Mark	
STREET ADDRESS CITY-ST-ZIP	579 BENEDICTINE TERR. SEBASTIAN, FL 32958		STREE	ET ADDRESS ST-ZIP	Bradshaw, J. Mark 1244 magans Ocean Walk Uero Beach, Fl. 32963	
TITLE	ST	☐ Delete TITU				
NAME	BRADSHAW, TERESA C	· ·				
STREET ADDRESS ' CITY-ST-ZIP	579 BENE DICTINE TERR SEBASTIAN, FL 32958	· · · · · · · · · · · · · · · · · · ·		T ADDRESS ST-ZIP	bradshaw, Teresa C. 2244 Magans Ocean Walk Ulro Beach, FL 32963	
title Name		☐ Delete	TITLE NAME		☐ Change ☐ Ad	
- STREET ADORESS CITY-ST-ZIP		<u> </u>	•	ET ADORESS	يوميون المعقوبين المربيات الماسات عاماه	
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CITY-ST-ZIP			США-	-ST-ZIP		
TITLE	िल	Delete	TITLE		☐ Change ☐ Ad	
NAME STREET ADDRESS	المنافع المناسبة المعالم والمعاوم المنافع المناسبة		NAME STREE	ET ADDRESS		
CITY-ST-ZIP	THE STATE OF THE S			-ST-ZIP		
12. I hereby indicated of the collaboration	certify that the information supplied with fon this report or supplemental report is rporation or the receiver of trustee emor , or on an attachment with an address, i	this filing does not qualify for true and accurate and that in the area to execute this report with all other like empowered	or the exer my signat t as requir f,	nption stated in ure shall have t ed by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the informati the same legal effect as if made under oath; that I am an officer or direc 607, Florida Statutes; and that my hame appears in Block 10 or Block	
CICNIAT	TUDE. Mulh	J.	Mar	k.Brad	shaw (772)461-3388 1/20/	