2004 FOR PROFIT CORPORATION

FILED Jan 09, 2004 8:00 am Secretary of State

ANNUAL REPORT					01-09-2004 90068 001 ***150.00				
DOCUMENT, # K62112 1. Entity Name FLORIDA MEMBERSHIP SERVICES, INC.						01-09-200-	1 90008 0	01 130	9.00
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Principal Place	e of Business	Mailing Address							
2270 DREW STREET, STE B				ļ			, ,		
CLEARWATER		CLEARWATER, FL 34625				CALLE MEGI MEGI MEM M	er Cidir GiGji Gi c	KI MINUL MINU AKNU	
2. Principal Pi	lace of Business	3. Mailing Address							
2270 Suite, Apt.	Drew Street -	- PO - B-o x - Suite, Apt. #, etc.	7768 -		*im 4 100 mH1 9(m	PRINT HERET TIMEN SERVED 21	E) =1911 S1511 S15	» =:=» = :=:	INDER 14 TABLE.
_ Suite	_B				01062004	Chg-P	CR2E0	34 (10/03)	
City & State	rater , FL	Clearwater,	FL	i	4. FEI Number 65-0096				plied For t Applicable
Zip 3376	Country	33758-7768	Country 45A		5. Certificate	of Status Desired		\$8.75 Add	
<u> </u>	6. Name and Address of Current R				7. Name and	Address of New		<u> </u>	
GREGSON, STEPHEN J.					egson, Stephen J.				
2223 WINDSONG COURT Street Address				dress (P	(P.O. Box Number is Not Acceptable)				
SAFETY HARBOR, FL 34695				2270 Drew Street Suite B					
d.					Zin 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require								•	
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: R	egistered Agent signati	re required v	then reinstating)		DATE		
	Signature, typed or printed name of registered agent at		 -				DATE	···	
	Sgnature, typied or printed name of registered agent at E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.0	9. Election Campaign	Financing	\$5.0	00 May Be d to Fees		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	Financing	\$5.0	00 May Be d to Fees	CHANGES TO OF) DIRECTORS	S IN 11
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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 employered 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: _

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

727.725.2409

Daytime Phone #