

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 042 ***150.00

DOCUMENT # K91025 1. Entity Name INVENTIVE SERVICES, INC.					
Principal Place of Business 3161 ST JOHNS BLUFF RD S STE4 JACKSONVILLE, FL 32246 US			Mailing Address 3161 ST JOHNS BLUFF RD S. STE 4 JACKSONVILLE, FL 32246 US		
2. Principal Place of Business 11645 Beach Blvd.		3. Mailing Address 11645 Beach Blvd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32246	Country US	Zip 32246	Country US		
4. FEI Number 59-2949001				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04092004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MCCURRY, EDGAR W. JR. 3161 ST JOHNS BLUFF RD S STE 4 JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Pamela S. Stefansen Street Address (P.O. Box Number is Not Acceptable) 11645 Beach Blvd., Suite 200 City Jacksonville FL Zip Code 32246		
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. <i>Pamela S. Stefansen</i> Pamela S. Stefansen April 15, 2004 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 MCCURRY, JR. EDGAR W. 3161 ST JOHNS BLUFF RD S STE 4 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS STEFANSEN, PAMELA S. 3161 ST JOHNS BLUFF RD S. STE 4 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Stefansen, Pamela S. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCURRY, EDGAR W III 3161 ST JOHNS BLUFF RD STE 4 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McCurry, Edgar W. III 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mickler, Robert O. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Laney, Kelly 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradford, Sheryl P. 11645 Beach Blvd., Suite 200 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" 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: <i>Pamela S. Stefansen</i> Pamela S. Stefansen April 15, 2004 (904) 645- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____ 8555					