


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90066 035 \*\*\*150.00

<b>DOCUMENT # L23483</b> 1. Entity Name <b>M.S.C. SERVICES, INC.</b>	
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>6489 AUTUMN WOODS BLVD. NAPLES, FL 34109 US</b>	Mailing Address <b>1989 TRADE CENTER WAY NAPLES, FL 33942 US</b>
---------------------------------------------------------------------------------------	-------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0159095</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CALYORE, MICHAEL  
1989 TRADE CENTER WAY  
NAPLES, FL 33942**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALYORE, MICHAEL 6489 AUTUMNWOODS BLVD NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Michael Calyore Michael Calyore 4/13/05 250-0942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #