

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56074

Entity Name: PRO-TEM SERVICES, INC.

FILED  
Jan 12, 2004  
Secretary of State

## Current Principal Place of Business:

1211 N WESTSHORE BLVD  
SUITE 102  
TAMPA, FL 336074607 US

## New Principal Place of Business:

## Current Mailing Address:

1211 N WESTSHORE BLVD  
SUITE 102  
TAMPA, FL 336074601 US

## New Mailing Address:

FEI Number: 59-2998837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REEVES, WALTER NEAL  
1620 WOODFIELD CT  
LUTZ, FL 33549 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: REEVES, WALTER NEAL,  
Address: 1620 WOODFIELD CT  
City-St-Zip: LUTZ, FL 33549

Title: VSD ( ) Delete  
Name: REEVES, ELAINE ELLEN,  
Address: 1620 WOODFIELD CT  
City-St-Zip: LUTZ, FL 33549

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER N. REEVES

P

01/12/2004

Electronic Signature of Signing Officer or Director

Date