


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90002 039 ***150.00

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DOCUMENT # M58273 1. Entity Name PERIPHERAL SERVICES, INCORPORATED					
Principal Place of Business 103 PINE AVENUE, SOUTH OLDSMAR, FL 34677			Mailing Address 103 PINE AVENUE, SOUTH OLDSMAR, FL 34677 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <u>PO Box 1086</u> Suite, Apt. #, etc.		01032005 Chg-P CR2E034 (10/03)	
City & State Zip Country		City & State <u>Oldsmar FL</u> Zip Country <u>34677</u> <u>US</u>		4. FEI Number <u>59-2838614</u>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HARRINGTON, JAMES E. 103 PINE AVENUE, SOUTH OLDSMAR, FL 34677			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, JAMES E. 1852 PIPER'S MEADOW DR. PALM HARBOR, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, WILLIAM 921 BELTED KINGFISHER S. PALM HARBOR, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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: <u>James E. Harrington</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: <u>1-3-05</u>			Daytime Phone #: <u>(813) 854-1181</u>		