2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # M68415 01-07-2005 90020 020 ***150.00 CHURCH SERVICES, INC. Principal Place of Business Mailing Address 11A ATRIUM CIRCLE 11A ATRIUM CIRCLE 50000681 ATLANTIS, FL 33462 ATLANTIS, FL 33462 2. Principal Place of Business 3. Mailing Address ATRUM CIRCLE CIRCLE ATRIUM 01032005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-0023982 Not Applicable Gountry \$8.75 Additional 5. Certificate of Status Desired ralm 15EACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEEDS, RONALD Street Address (P.O. Box Number is Not Acceptable) 8983 INDIAN RIVER RUN **BOYNTON BEACH, FL 33437** City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT TITLE TITLE Detete ☐ Change ☐ Addition LEEDS, RONALD NAME 8983 INDIAN RIVER RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-- 15 CITY-ST-ZIP 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 RESIDEROT SIGNATURE: OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 07, 2005 8:00 am