

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # <u>004000000800</u>					
1. Entity Name DIVORCE SUPPORT SERVICES, INC.					
Principal Place of Business 1100 FIFTH AVE. S. 409 NAPLES FL 34102			Mailing Address 1100 FIFTH AVE. S. 409 NAPLES FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <u>NO-T APPLICABLE</u>	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, EDWIN 1300 THIRD STREET S, SUITE 302-B NAPLES FL 34102			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00. Make Check Payable to Florida Department of State			9. Election Campaign Financing <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	P ROCUANT, PAUL 1100 FIFTH AVE. SOUTH, SUITE 409 NAPLES FL 34102		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000017895 01/28/04-80114-006 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRAZIER, MARY E 814 ANCHOR RD DR NAPLES FL 34103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Signature]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BURKE, CONNIE 2660 AIRPORT ROAD S. NAPLES FL 34112		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Signature]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATHESON, ROBERT 4501 TAMiami TRAIL, N., SUITE 200 NAPLES FL 34103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Signature]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	
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>Paul Rocuant</u>			1-21-04 (239) 435-1900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		