


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90006 045 \*\*\*\*70.00

|   |                             |  |  |   |  |
|---|-----------------------------|--|--|---|--|
| <b>DOCUMENT # N99000004573</b>  |                             |  |  |  |  |
| 1. Entity Name<br>WESTMINSTER SERVICES, INC.  |                             |  |  |   |  |
| Principal Place of Business<br>80 W. LUCERNE CIRCLE<br>ORLANDO, FL 32801  |                             |  | Mailing Address<br>80 W. LUCERNE CIRCLE<br>ORLANDO, FL 32801 |   |  |
| 2. Principal Place of Business  |                             |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                             |  | Suite, Apt. #, etc.  |   |  |
| City & State  |                             |  | City & State   |   |  |
| Zip   |                             | Country  |  | Zip   |  |
| Country   |                             | Country  |  | Country   |  |
| 6. Name and Address of Current Registered Agent   |                             |  |  | 7. Name and Address of New Registered Agent                                       |  |
| KEITH, HENRY T<br>80 W. LUCERNE CIRCLE<br>ORLANDO, FL 32801   |                             |  |  | Name  |  |
|   |                             |  |  | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |                             |  |  | City  |  |
|   |                             |  |  | State <b>FL</b> 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 _____   |                             |  |  |   |  |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2004</b>   |                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| Make check payable to Florida Department of State   |                             |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                             |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |  |
| TITLE   | D                           | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | GAY, W.W.                   |  |  | NAME  |  |
| STREET ADDRESS  | 80 W. LUCERNE CIRCLE        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32801           |  |  | CITY-ST-ZIP   |  |
| TITLE   | <del>W</del>                | <input type="checkbox"/> Delete  |  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | EMERSON, JAMES F            |  |  | NAME  | EVP  |
| STREET ADDRESS  | 80 W. LUCERNE CIRCLE        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32801           |  |  | CITY-ST-ZIP   |  |
| TITLE   | T                           | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | KEITH, HENRY T              |  |  | NAME  |  |
| STREET ADDRESS  | 80 W. LUCERNE CIRCLE        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32801           |  |  | CITY-ST-ZIP   |  |
| TITLE   | <del>S</del>                | <input type="checkbox"/> Delete  |  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <del>STUM</del> , RICHARD V |  |  | NAME  | D  |
| STREET ADDRESS  | 80 W. LUCERNE CIRCLE        |  |  | STREET ADDRESS  | Sturm  |
| CITY-ST-ZIP   | ORLANDO, FL 32801           |  |  | CITY-ST-ZIP   |  |
| TITLE   | PD                          | <input checked="" type="checkbox"/> Delete                                       |  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | BRYAN, J. SHEPARD JR        |  |  | NAME  | P/D  |
| STREET ADDRESS  | 80 W. LUCERNE CIRCLE        |  |  | STREET ADDRESS  | Barr, John W.  |
| CITY-ST-ZIP   | ORLANDO, FL 32801           |  |  | CITY-ST-ZIP   | 80 West Lucerne Circle<br>Orlando, FL 32801                                  |
| TITLE   | D                           | <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | DYE, STEPHEN R              |  |  | NAME  |  |
| STREET ADDRESS  | 80 W. LUCERNE CIRCLE        |  |  | STREET ADDRESS  |  |
| CITY-ST-ZIP   | ORLANDO, FL 32801           |  |  | 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 617, 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: _____  |                             | _____ 02-12-2004<br>Date   |  | 407-839-5050<br>Daytime Phone #   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>_____<br>James Emerson  |                             |  |  |   |  |

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4. FEI Number 59-3614812 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

1/18/04