

Pinellas Park, FL

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 036 ***150.00

DOCUMENT # P00000005677

1. Entity Name

PHOENIX SERVICE SYSTEMS, INC.



Principal Place of Business

166 LAKE TARPON DRIVE
PALM HARBOR, FL 34684

Mailing Address

6075 N PARK BLVD
PINELLAS PARK, FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6075 Park Boulevard

Suite, Apt. #, etc.

Suite A

City & State
Pinellas Park, FL

Zip
33781

Country
USA

02122004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3622561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHRIEFER, GEORGE J
6075 N PARK BLVD
PINELLAS PARK, FL 33781

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
OBERGFELL, MARY J
166 LAKE TARPON DRIVE
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
OBERGFELL, ANDREW R
166 LAKE TARPON DRIVE
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Andrew R. Obergfell, Secretary ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
(727) 784-8301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Andrew R. Obergfell, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrew R. Obergfell 4-1-04 (727) 784-8301