,2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 08:00 AM Secretary of State **DOCUMENT # P00000025997** 1. Entity Name FAMILY BUSINESS SERVICE, INC. Principal Place of Business Mailing Address 217 W. PALMETTO STREET 217 W. PALMETTO STREET WAUCHULA, FL 33873 WAUCHULA, FL 33873 No Chg-P CR2E034 (10/03) 01232004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0369711 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASTERSON, RITA DO NOT WRITE 217 W. PALMETTO STREET WAUCHULA, FL 33873 IN THIS SPACE 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) U00000112048 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 04/14/04-80008-002 150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **DPTS** TITLE NUCCIO, REBECCA W STREET ADDRESS 1115 HWY 64 W CITY-ST-ZIP WAUCHULA, FL 33873 TITLE STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

UPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4112/04

Daytime Phone #