2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2004 8:00 am Secretary of State 04-07-2004 90031 035 ***150.00

5619698966

1. Entity Name	BACKGROUND SERVIC				04-07-2004	190031 0	331	30.00	
Principal Place of Business		Mailing Address		-					
3285 LAKE WORTH RD SUITE H LAKE WORTH, FL 33461		PO BOX 6703 LAKE WORTH, FL 33466-6703			<u> </u>	1416 4421 Nobel Opini 4411	 		Maa) Faa
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282004	Chg-P	CR2E03	4 (10/03)	
City & State		Cily & State			4. FEI Number 65-1000043			<u> </u>	plied For at Applicable
Zip	Country	Zip	Country		<u>l</u>	of Status Desired	ا ل	8.75 Add ee Require	
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent					
SNOOK, ANNE				Nation Malvarosa					
114 BARESCOOT COVE HYPOLUXO, FL 33462			Stg 2	Signification of the State Sta					
				Suite H					
			La	ake Worth			FL		33461
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. 3/3/69 SIGNATURE									
	ignature, typed or printed name of registered age	nt and title if applicable. (NO	l E: Registered Agent siç	mature required	I when romstating)		DATE		
	NOW!!! FEE IS \$150.00 y 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				٠,٠
10.	OFFICERS AN		11.		ADDITIONS/0	CHANGES TO OFF			
NAME STREET ADDRESS	P PHILLIP, LEONARD 4301 WATERVIEW CIRCLE PALM SPRINGS, FL 33461	☐ Delete	TITLE RAME STREET ADDRES CITY-ST-ZIP	38				Change	Addition :
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	in the second		STREET ADDRES CITY-ST-ZIP	is					
THTLE NAME STREET ADDRESS CHY-ST-ZIP		Deiele	TITLE NAME STREET ADDRES CHY-SI-ZIP	s	٠.,	· <u>-</u>		☐ Change	☐ Addilion
HITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	HITLE NAME STREET ADDRÉS CHY-ST-ZIP	ŝ				☐ Change	☐ Addition
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NAME STREET ADDRESS		• • -	NAME STREET ADDRES		***		·		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP_			<u> </u>	. • 1	Change	Addition
NAME	. •	_ Delete -	NAME N.	٠,٠	fax .			Charge	M Modilion
STREET ADDRESS CHY-ST-ZIP			STREET ADDRES					<u></u> .	
indicated of the corp	ortify that the information supplied with this report or supplemental report or student or the receiver or trustee emore on an attachment with an address	t is true and accurate and that powered to execute this repor	my signature sha It as required by 0	If have the :	same legal effect	as if made under o	oath; that I ar	n an officer	or director