2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 05, 2004 8:00 am Secretary of State **DOCUMENT # P00000045273** 02-05-2004 90005 001 ***150.00 MANAGEMENT AND PLANNING SERVICES, INC. Principal Place of Business Mailing Address 330000**0**0 914 ATLANTIC AVE STE 201 9.14 ATLANTIC AVE STE 201 FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 2. Principal Place of Business 3. Mailing Address 1431 N FLETCHER AVE 431 N FLETCHER AVE Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 01222004 Chq-P SUITE SUITE A 4. FEI Number Applied For City & State City & State FERNANDINA BEACH, FL 58-2028832 Not Applicable \$8.75 Additional 5. Certificate of Status Desired *3303430*14 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME MARSHALL, MARY H Street Address (P.O. Box Number is Not Acceptable) 1431 N FLETCHER AVE 914 ATLANTIC AVE STE 201 FERNANDINA BEACH, FL 32034 Zip Code 3*8034* 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. - Warslall MARY H. MARSHALL, FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. SAME **PVTS** Change ☐ Addition TITLE ☐ Delete TITLE SAME MARSHALL, MARY H NAME NAME 1431 N FLETCHER AVE STREET ADDRESS 914 ATLANTIC AVE STE 201 STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-7IP FERNANDINA BEACH, FL 32034 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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