

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90215 014 ***158.75

DOCUMENT # P00000053061			
1. Entity Name ITACTICAL SERVICES INC.			
Principal Place of Business 2462 6TH AVE SW LARGO, FL 33770		Mailing Address 2462 6TH AVE SW LARGO, FL 33770	
2. Principal Place of Business 920 16th AVE N Suite, Apt. #, etc.		3. Mailing Address 920 16th AVE N Suite, Apt. #, etc.	
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL	
Zip 33704		Zip 33704	
County PINELLAS		County PINELLAS	
4. FEI Number 59-3649685		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04212004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CROXTON, BENJAMIN C 2462 6TH AVE SW LARGO, FL 33770		7. Name and Address of New Registered Agent Name BENJAMIN C CROXTON Street Address (P.O. Box Number is Not Acceptable) 920 16th AVE North City ST PETERSBURG FL Zip Code 33704	
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 BENJAMIN C CROXTON, PRESIDENT <i>[Signature]</i> DATE 4-21-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROXTON, BENJAMIN C 2462 6TH AVE SW LARGO, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EPD WILLIAM, BROOKER 3806 W GRANADA STREET TAMPA, FL 33629	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOKOL, STEVEN 5117 JULES VERNE CT TAMPA, FL 33611	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: BENJAMIN C CROXTON, PRESIDENT <i>[Signature]</i>		DATE 4-21-04 Daytime Phone # 727-642-5339	