
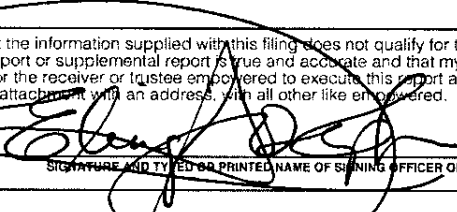


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90081 017 ***150.00

DOCUMENT # P00000072866 1. Entity Name COMMUNICATIONS SYSTEMS & SERVICES, INC.					
Principal Place of Business 777 S FLAGLER DRIVE, 12TH FLOOR PHILLIPS POINT EAST TOWER WEST PALM BEACH, FL 33401			Mailing Address 777 S FLAGLER DRIVE, 12TH FLOOR PHILLIPS POINT EAST TOWER WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
F & L CORP. THE GREENLEAF BUILDING THIRD FLOOR 200 LAURA STREET JACKSONVILLE, FL 32201-0240				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 _____ <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	P	<input type="checkbox"/> Delete			
NAME	PROSSER, JEFFREY				
STREET ADDRESS	777 S FLAGLER DR, #1201E				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
TITLE	S	<input type="checkbox"/> Delete			
NAME	ELING, JOSEPH				
STREET ADDRESS	777 S FLAGLER DR, #1201E				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 information.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Eling S. Joseph 3/8/04 Date (361 519 0600)					