## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000092694

Address:

City-St-Zip:

5401 W. KENNEDY BLVD., SUITE 731

TAMPA, FL 33609

Entity Name: STS ADMINISTRATIVE SERVICES OF FLORIDA, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
475 CENT SUITE 100 ST. PETE		33701		9455 KOGER BLVD. SUITE 200 ST. PETERSBURG, FL	_ 33702	
Current Mailing Address:				New Mailing Address:		
475 CENT SUITE 100 ST. PETE		33701		9455 KOGER BLVD. SUITE 200 ST. PETERSBURG, FL	_ 33702	
FEI Number	: 59-3672915	FEI Number Applied For ( )	FEI Nui	mber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
5401 W. K TAMPA, F The above			e purpose c	of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered A	gent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GUENTHER, S	EDY BLVD., SUITE 731		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( ) MUNYON, CHR	Delete ISTOPHER		Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT GUENTHER D 04/29/2005