


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000100660 1. Entity Name VELOCITY SERVICE CENTER, INC. |  |
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| Principal Place of Business 100 W. AIRPORT RD. SEBASTIAN, FL 32958 | Mailing Address 100 W. AIRPORT RD. SEBASTIAN, FL 32958 |
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02062004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1056143 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TRACHTMAN AND HENDERSON, P.A. 1735 W. HIBISCUS BLVD., SUITE 300 MELBOURNE, FL 32901 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SWING, SCOTT 100 W. AIRPORT RD. SEBASTIAN, FL 32958 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SWING, BONNIE 100 W. AIRPORT RD. SEBASTIAN, FL 32958 |
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02/16/04-80140-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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| SIGNATURE: <u>B. Scott Swing</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date: <u>2-13-04</u> | Daytime Phone #: <u>772-589-1860</u> |
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