2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P00000107999 1. Entity Name IN HIS SERVICES INC.									04-25-200	_	031 ***15	50.00
Principal Place of Business 4920 14TH AVE N ST PETERSBURG, FL 33710				Mailing Address 4920 14TH AVE N ST PETERSBURG, FL 33710				. (*B((*B)	n Bour Born Geru Souk B		NYLIN SNIJE JULIUS PO	(FB) (1 (GP)
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				04202005	Chg-P	CR2E	034 (10/03)	
City & State			C	City & State				4. FEI Numb			⊢	plied For t Applicable
Zip	Country		Z	Zip Coun		try	5. Certificate of Status Desire			\$8.75 Additional Fee Required		
	6. Name	e and Address of Curr	ent Regist	ered Agent				7. Name an	d Address of New	Registered	Agent	
HOSTETLER, ULRIKE W 4920 14TH AVE N ST PETERSBURG, FL 33710						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	9
the obligat		stered agent.	agent and title if					d when reinstating)		DATE		
		FEE IS \$150.00 IS Fee will be \$5!		9. Election Campa Trust Fund Conf				.00 May Be led to Fees				
10.		OFFICERS A	AND DIREC	TORS	11.		,	ADDITIONS	CHANGES TO O	FFICERS AN	DIRECTORS	S IN 11 ·
TITLE NAME	P Dele HOSTETLER, ULRIKE W				TITL NAM						∐ Changé	☐ Addition
STREET ADDRESS 4920 14TH AVE N CITY-SI-ZIP SAINT PETERSBURG, FL 33710						ET ADDRESS -St-Zip						
TITLE				☐ Delete	TITL		۷P				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						IE EFT ADDRESS ST-ZIP	4929	0 474 /	RONALD E 4VE N RG, FL 337			
TITLE	 			☐ Delete	TITL		31,	L 1 1 LE 2 OU	<u>~~! , t </u>	· •	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP						eet address St-Zip			•			
TITLE NAME STREET ADDRESS				☐ Delete	TITL NAM S7RI						☐ Change	☐ Addition
CITY-ST-ZIP						-ST-ZIP						
пи				☐ Delete	TITL				· · · ·		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP						ie Eet aodress '-st-zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.) 5. 1/1. 1			☐ Delete						,	☐ Change	☐ Addition
12. I hereby indicated of the co-changed	certify that the certify that the certify that the certify that the certific that th	the information supplied fort or supplemental report the receiver or trustee of tachment with an addre	with this fill ort is true a empowered ess, with all				ted in Se nave the apter 60	ection 119.07(3 same legal effe 7, Florida Statu				
SIGNAT	TURE: _	Mil V Hoshke	/	Ulrike L	J. Haj	tetler			4/20/05	7,	<u>! 1-321-8</u>	<u>810</u>

4/20/05