


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90736 007 ***150.00

DOCUMENT # P01000003922

1. Entity Name
CONVENTION AND PROMOTIONAL SERVICES, INC.



Principal Place of Business
**319 SOUTH ELLIOTT AVE.
 SANFORD, FL 32771**

Mailing Address
**319 SOUTH ELLIOTT AVE.
 SANFORD, FL 32771**



2. Principal Place of Business
2400 S. PARK AVE
 Suite, Apt. #, etc.
SANFORD
 City & State
FL

3. Mailing Address
2400 S. PARK AVE
 Suite, Apt. #, etc.
SANFORD
 City & State
FL

04132004 Chg-P CR2E034 (10/03)

Zip
32771 Country
Seminole

Zip
32771 Country
Seminole

4. FEI Number
59-3692678

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**HABER, LAWRENCE H ESQ
 931 JASMINE ST.
 CELEBRATION, FL 34747**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKLEY, HOPE 7340 WESTPOINTE BLVD., APT. 313 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Weekley, Hope 2400 S. PARK AVE SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Hope Weekley Date: 4/15/04 Daytime Phone #: 407-322-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
44031544

P01000003922

Address change for Hope Weekley to

2400 South Park Avenue

~~Sanford, Florida 32771~~

ALSO change principal place of business and
mailing address to

2400 South Park Avenue

Sanford, Florida 32771