2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FIFT **DOCUMENT # P01000049203** 04 APR 27 AM 11:46 1. Entity Name DETEC SERVICES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address PO BOX 12131 PO BOX 12131 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 59-3721888 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODNEY D. BARFIELD SAUNDERS, C.B. O. Box Number is Not Acceptable) WILLEW POND ROBD RT. 4 BOX 40306 MONTICELLO, FL 32344 MONTICEUD, FL 8. The above named entity gubmits 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 re-<u>4|27|04</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT TITLE Delete TITLE Change **Addition** RODNEY D. BARFIELD 398 WILLOW POND Rd. SAUNDERS, C.B. NAME NAME STREET ADDRESS 398 WILLOW POND RD. STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP MONTICELLO, FL 32344 Delete ☐ Change ☐ Addition TITLE TITLE SIMPSON, CLYDE B NAME NAME 398 WILLOW POND RD. STREET ADDRESS STREET ADDRESS 700035821637 CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP 05/10/04 01070 000 **150 Delete TITLE SIMPSON, MATTHEW W NAME NAME STREET ADDRESS 398 WILLOW POND RD. STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 the receiver or the 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 ower like empowered.

Daytime Phone #

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR