

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

04 APR 27 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000049203**

1. Entity Name  
DETEC SERVICES, INC.



Principal Place of Business  
PO BOX 12131  
TALLAHASSEE, FL 32317

Mailing Address  
PO BOX 12131  
TALLAHASSEE, FL 32317



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
59-3721888

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SAUNDERS, C.B.  
RT. 4 BOX 40306  
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent  
Name: **RODNEY D. BARFIELD**  
Street Address (P.O. Box Number is Not Acceptable):  
**398 WILLOW POND ROAD**  
City: **MONTICELLO, FL** Zip Code: **32344**

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: *Rodney D. Barfield* DATE: **4/27/04**

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 SAUNDERS, C.B. 398 WILLOW POND RD. MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, CLYDE B 398 WILLOW POND RD. MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMPSON, MATTHEW W 398 WILLOW POND RD. MONTICELLO, FL 32344 <input checked="" 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	PRESIDENT RODNEY D. BARFIELD 398 WILLOW POND RD. MONTICELLO, FL 32344 <input type="checkbox"/> Change <input checked="" 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: *Rodney D. Barfield* DATE: **4/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #