2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 2004 8:00 am **Secretary of State** DOCUMENT # P01000082360 1. Entity Name 01-27-2004 90001 005 ***158.75 STATEWIDE PERMIT SERVICE, INC. Principal Place of Business Mailing Address 5600 NW 102 AVE. 5600 NW 102 AVE. 44004597 SUITE K SUNRISE FL 33351 SUITE K SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Pame as above same as above Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1136520 Not Applicable Zip Country Country_ Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMELMANN, JANE S Address (P.O. Box Number is Not Acceptable) 3870 N. ANDREWS AVE. #800 FT. LAUDERDALE FL 33309 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE ☐ Delete TITLE ☐ Change Addition NAME HUNT, RACHEL NAME 785 SW 148TH AVE. STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33325 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 upport 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 true employee by cute 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 a address with six or provided in the corporation of the receiver or true employee and the corporation of the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation or the receiver or true employee and the corporation or the receiver or true employee and the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corporation or the receiver or true employee and the corporation of the corpor

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