


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000083984 1. Entity Name HEALTHLINES SERVICE, INC.	
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Principal Place of Business 1611 ALGONQUIN DRIVE CLEARWATER, FL 33755	Mailing Address 1611 ALGONQUIN DRIVE CLEARWATER, FL 33755
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DO NOT WRITE IN THIS SPACE



05212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3740922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GARNISH, JOHN M
1611 ALGONQUIN DRIVE
CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

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: John M Garnish (NOTE: Registered Agent signature required when resigning.) DATE: 5-20-05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GARNISH, JOHN M 1611 ALGONQUIN DRIVE CLEARWATER, FL 33755
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05/25/05-80001-011 150.00

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IN THIS SPACE**

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: John M Garnish John M Garnish 5/20/05 727-641-1498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicate Phone