


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90020 016 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P01000089293</b><br>1. Entity Name<br>OPERATIONS SUPPORT GROUP, INC.  |  |   |   |    |  |
| Principal Place of Business<br>3000-4 HARTLEY ROAD<br>JACKSONVILLE, FL 32257  |  |   | Mailing Address<br>3000-4 HARTLEY ROAD<br>JACKSONVILLE, FL 32257  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |  |
| City & State  |  | City & State                                  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TILLEY, STEPHEN</b><br><b>4465 BAY MEADOWS RD</b><br><b>JACKSONVILLE, FL 32217</b>  |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>SCHIESZER, JAMES F</b><br><b>2225 BISHOP ESTATES ROAD</b><br><b>FRUIT COVE, FL 32259</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>CROSS WARREN A</b><br><b>1221 BRAMBLE ROAD</b><br><b>WALTON, KENTUCKY 41094</b>               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>BARNES, RONALD W</b><br><b>12215 MAYORS DR</b><br><b>JACKSONVILLE, FL 32223</b>          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>Paul Barnes</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <b>2/16/04</b> Daytime Phone # <b>904-880-2330</b>   |   |  |