2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000092852

FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam		BUILDING SERVIC	CES, INC.				2004 90999	006 ***150.0	00
Principal Place of Business 8824 E. AQUARIUS DR INVERNESS FL 34450			Mailing Address						
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2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State			City & State			4. FEI Number 30-0054195 Applied For Not Applicable			
. Zip Country			Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Currer	nt Registered Agent	jistered Agent		7. Name and Address of New Registered Agent			
3400		OLIAF. T		Name			·	٠	
KOVACH, MICHAEL T 106 N. OSCEOLA AVE				Street A	Street Address (P.O. Box Number is Not Acceptable)				
INV	ERNESS	FL 34450		 				<u> </u>	
				City				FL Zip Cod	le
8. The above the obligat			for the purpose of changing its	registered office or	registered	d agent, or both, in the S	state of Florida.	I am familiar with,	and accept
	tions of regist	tereo agent.							
SIGNATURE		or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signatu	ire required wh	hen reinstating)		DATE	
F Afte	Signature, typed		1	E: Registered Agent signati	ire required wh	9. Election Carr Trust Fund C	npaign Financin Contribution.	g \$5.0	00 May Be
Afte Make Chec 10.	Signature, typed	or printed name of registered age !! FEE IS \$150.00 04 Fee will be \$550.00 o Florida Department	of State D DIRECTORS	11.		9. Election Carr	npaign Financin Contribution.	9 \$5.0 Added	d to Fees
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2. 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:

MOMON SERVICE AND TYPEN OR PRINTER MAN OF SIGNING OFFICER OR PRINCIPLE AND TYPEN OR PRINTERS OF HUBER

4/23/04

352-7261942 Davime Phone #