
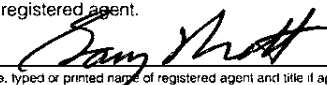



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90003 036 ***150.00

DOCUMENT # P01000107259					
1. Entity Name S.T.P. BILLING SERVICES, INC.					
Principal Place of Business 3019 SW 27TH AVE OCALA FL 34474			Mailing Address PO BOX 1626 OCALA FL 34478		
2. Principal Place of Business 2300 SE 17th Street			3. Mailing Address		
Suite, Apt. #, etc. Suite 1100			Suite, Apt. #, etc.		
City & State Ocala FL			City & State		
Zip 34471	Country marion	Zip	Country	4. FEI Number 59-3750444 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent STILES, WILLIAM 3019 SW 27TH AVE OCALA FL 34474			7. Name and Address of New Registered Agent Name: Gary L Scott Street Address (P.O. Box Number is Not Acceptable): 2300 SE 17th Street Suite 1100 City: Ocala FL Zip Code: 34471		
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:  DATE: 1-27-04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST PYLES, STEPHEN T 3019 SW 27TH AVE OCALA FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			Date: 1/27/04 Daytime Phone #		