


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000008715</b>	
1. Entity Name <b>AYERS REAL ESTATE SERVICES, INC.</b>	

Principal Place of Business <b>4808 W. WOODMERE ROAD TAMPA, FL 33609</b>	Mailing Address <b>4808 W. WOODMERE ROAD TAMPA, FL 33609</b>
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02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3613058</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

5. Name and Address of Current Registered Agent  <b>AYERS, JOHN E 4808 W. WOODMERE ROAD TAMPA, FL 33609</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000034941 03/24/04-80011-020 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P AYERS, JOHN E 4808 W. WOODMERE ROAD TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V AYERS, ANNE-MARIE G 4808 W. WOODMERE ROAD TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S AYERS, ANNE-MARIE 4808 W. WOODMERE RD. TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T AYERS, JOHN 4808 W. WOODMERE RD. TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE 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: 	<b>2/16/04 813-690-6539</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>