

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90017 005 ***158.75

DOCUMENT # P02000028316

1. Entity Name

CHAMPION SERVICES, INC.



Principal Place of Business

4514 SUMMER COVE DR APT 113
SARASOTA FL 34243

Mailing Address

4514 SUMMER COVE DR APT 113
SARASOTA FL 34243

2. Principal Place of Business

1022A DOUGLAS OAKS CIRCLE

3. Mailing Address

1022A DOUGLAS OAKS CIRCLE



MOORE

CR2E034 (11/03)

Suite, Apt. #, etc.

APT. #104

Suite, Apt. #, etc.

APT. #104

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33610

Country

USA

Zip

33610

Country

USA

4. FEI Number

03-0424808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JOEL D
4514 SUMMER COVE DR APT 113
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

JOEL D. JACKSON

Street Address (P.O. Box Number is Not Acceptable)

1022A DOUGLAS OAKS CIRCLE

APT. #104

City

TAMPA

FL

Zip Code

33610

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JACKSON, JOEL D
STREET ADDRESS 4514 SUMMER COVE DR APT 113
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JOEL D. JACKSON
STREET ADDRESS 1022A DOUGLAS OAKS CIRCLE APT. #104
CITY-ST-ZIP TAMPA - FLORIDA - 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/04

813-376-9921