2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Feb 28, 2004 08:00 AM

904-396-2823 Daysime Phone #

DOCUMENT # P020002956 1. Entity Name DAVID F. MULLER SERVICES INCORE Principal Place of Business 3676 CEDAR DR. JACKSONVILLE, FL 32207				etary of State		
DO NOT WRITE I 6. Name and Address of Current Reg MULLER, DAVID	CE	02262004 4. FEI Numbe 41-2082 5. Certificate	No Chg-P	CR2E034 (10/03) Applied For Not Applical \$8.75 Additional Fee Required	ble	
3676 CEDAR DR. JACKSONVILLE, FL 32207 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.			IN T	HIS SPA	ACE	pt
SIGNATURE Signature, typed or printed name of registered agent and its FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	e if applicable (NOTE: Registers 9. Election Campaign Finar Trust Fund Contribution.	d Agent signature required noting \$5.	(00 May Be ed to Fees	ບໍ່ບັດທົ່ງນຶ່ງ	DATE	
10. OFFICERS AND DIRECT ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTORS .	*	<u>.</u>	- <u>(:), (:)</u> , (<u>:)</u>	00031 010 153.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WI		;
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			;
12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receive for trustee empower changed, or on an attachment with an address, with significant trustees. SIGNATURE:	filling does not qualify for the exert and accurate and that my signated to execute this report as requiral other like employered. OAV	mption stated in Seture shall have the steel by Chapter 607	'ieR'		urther certify that the information th, that I am an officer or direct appears in Block 10 or Block 11	