


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000033464 1. Entity Name REGENCY MANAGEMENT SERVICES, INC.	
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Principal Place of Business P.O. BOX 297 LOUGHMAN, FL 33858	Mailing Address P.O. BOX 297 LOUGHMAN, FL 33858
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DO NOT WRITE IN THIS SPACE

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01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2034512	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LARSEN, ERIK C
243 W. PARK AVE., SUITE 201
WINTER PARK, FL 32789

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 _____
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOUTTELL, ROY P.O. BOX 297 LOUGHMAN, FL 338580297
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BOUTTELL, DANIEL P.O. BOX 297 LOUGHMAN, FL 338580297
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/30/04-80052-019 150.00

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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: Roy Bouttell Roy Bouttell 04/27/04 (863) 420 3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime phone #