2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000084794

1. Entity Name

TMAR STATEWIDE SERVICES, INC.



Principal Place of Business

2424 COMMUNITY ROAD JACKSONVILLE, FL 32207

Mailing Address

2424 COMMUNITY ROAD JACKSONVILLE, FL 32207

FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90261 023 ***150.00

44UUU~~



04102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 74-3056119 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MARRERO, THOMAS 2424 COMMUNITY ROAD JACKSONVILLE, FL 32207

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	named entity submits this statement for the pions of registered agent.	Lelia .	Signe	ed wrong	line 4-13-04	nd accept
	Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	Inancing	\$5.00 May Be Added to Fees	DATE	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, THOMAS 2424 COMMUNITY ROAD JACKSONVILLE, FL 32207					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, ROSEMARY 2424 COMMUNITY ROAD JACKSONVILLE, FL 32207					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, ROSEMARY 2424 COMMUNITY ROAD JACKSONVILLE, FL 32207				NOT WRITE	
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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 cath; 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

1-13-04

904-477-8893

Daytime I