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FILED
Jun 02, 2004 8:00 am
Secretary of State

05-06-2004 90168 008 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000102053

1. Entity Name
DOCUMENT ON CALL SERVICE, INC.

Principal Place of Business	Mailing Address
10 AMBLESIDE DRIVE CLEARWATER, FL 33756	10 AMBLESIDE DRIVE CLEARWATER, FL 33756

[redacted]

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1799 Clearwater-largo Rd	1799 Clearwater-largo Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater FL
Zip: 33756 Country: USA	Zip: 33756 Country: USA

4. FEI Number: 14-1848897 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAKE, JENNIFER J 10 AMBLESIDE DRIVE CLEARWATER, FL 33756	Name: BLAKE, JENNIFER Street Address (P.O. Box Number is Not Acceptable): 1799 Clearwater-Largo Rd. City: Clearwater FL Zip Code: 33756

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] PRESIDENT/Secretary 4/30/04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JENNIFER J. BLAKE DOCUMENT ON CALL SERVICE, INC. 1799 GOLFVIEW DRIVE CLEARWATER, FL 33756	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Secretary Jennifer J. BLAKE Document on Call Service, Inc 1799 Clearwater-Largo Rd Clearwater, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] PRESident/Secretary 4/30/04 727-647-9417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #