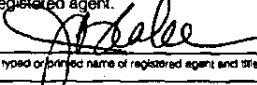
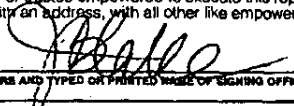


2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/6

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

05-06-2004 90168 008 ***150.00

DOCUMENT # P02000102053			
1. Entity Name DOCUMENT ON CALL SERVICE, INC.			
Principal Place of Business 10 AMBLESIDE DRIVE CLEARWATER, FL 33756		Mailing Address 10 AMBLESIDE DRIVE CLEARWATER, FL 33756	
2. Principal Place of Business 1799 Clearwater Largo Rd		3. Mailing Address 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 BLAKE, JENNIFER J. 10 AMBLESIDE DRIVE CLEARWATER, FL 33756		7. Name and Address of New Registered Agent 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  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 PRES	NAME JENNIFER J. BLAKE ☒ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS DOCUMENT ON CALL SERVICE, INC.		NAME	
CITY-ST-ZIP 1799 GOLFVIEW DRIVE CLEARWATER, FL 33756		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE Pres	NAME SECRETARY JENNIFER J. BLAKE ☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS DOCUMENT ON CALL SERVICE, INC.		NAME	
CITY-ST-ZIP 1799 Clearwater Largo Rd Clearwater, FL 33756		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		PRESIDENT/SECRETARY 4/30/04 727-647-9417 Date Daytime Phone #	