

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117354

FILED
Jan 19, 2004
Secretary of State

Entity Name: WISE CHOICE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

168 BOCA LAGOON DR.
PANAMA CITY BCH, FL 32408

New Principal Place of Business:

Current Mailing Address:

168 BOCA LAGOON DR.
PANAMA CITY BCH, FL 32408

New Mailing Address:

FEI Number: 05-0537549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, WILLIAM B III
168 BOCA LAGOON DR.
PANAMA CITY BCH, FL 32408

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISE, WILLIAM B III
Address: 168 BOCA LAGOON DR.
City-St-Zip: PANAMA CITY BCH, FL 32408

Title: D () Delete
Name: WISE, KIMBERLY Z
Address: 168 BOCA LAGOON DR.
City-St-Zip: PANAMA CITY BCH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WISE, WILLIAM B III
Address: 168 BOCA LAGOON DR.
City-St-Zip: PANAMA CITY BCH, FL 32408

Title: VP (X) Change () Addition
Name: WISE, KIMBERLY Z
Address: 168 BOCA LAGOON DR.
City-St-Zip: PANAMA CITY BCH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY Z. WISE

VP

01/19/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date