2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127258

Entity Name: AT YOUR SERVICE OF SOUTH FLA., INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5624 WOODMERE LAKE CIR 7874-1 SANCTUARY CIRCLE

NAPLES, FL 34112 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

5624 WOODMERE LAKE CIR 7874-1 SANCTUARY CIRCLE

NAPLES, FL 34112 NAPLES, FL 34104

FEI Number: 30-0128431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMPAGNONE, TERRYN
5624 WOODMERE LAKE CIR
NAPLES, FL 34112 US
COMPAGNONE, TERRYN
7874-1 SANCTUARY CIRCLE
NAPLES, FL 34104 US

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: TERRYN L. COMPAGNONE 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: COMPAGNONE, TERRYN
Address: 5624 WOODMERE LAKE CIR

City-St-Zip: NAPLES, FL 34112

 Title:
 VTD
 () Delete

 Name:
 COMPAGNONE, ROBERT

 Address:
 5624 WOODMERE LAKE CIR

City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition Name: COMPAGNONE, TERRYN Address: 7874-1 SANCTUARY CIRCLE

City-St-Zip: NAPLES, FL 34104

Title: VTD (X) Change () Addition
Name: COMPAGNONE, ROBERT
Address: 7874-1 SANCTUARY CIRCLE
City-St-Zip: NAPLES, FL 34104

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: TERRYN L. COMPAGNONE PSD 04/29/2004