2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # P0300005255 1. Entity Name INFOSERVICES, INC.									04-12-2	004 9030	3 018 ***15	50.00
				Mailing Address						JY	*****	-
Principal Place of Business 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065				10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065				gravings we	· ·	7. Ex 1. **		
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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03222004	Chg-P	CR2	E034 (10/03)	
City & State				City & State				4. FEI Numb			<u> </u>	plied For at Applicable
Zip	Zip Country			Zip	ntry	30-0142971 Not A 5. Certificate of Status Desired \$8.75 Additive Fee Required				litional		
	6 Nome	and Address of Circ	ont Bosis	stored Azent		ŗ		7 Name and	Address of No	ur Bagistara		J
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
SMITH, JOHN A JR 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065						Street Add	ress (l	P.O. Box Numb	er is Not Accep	able)		-
			City				F	Zip Code	е			
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, 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. Add	00 May Be ed to Fees				
10.		OFFICERS /	AND DIRE	CTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
TITLE	P Delete TITL										Change	Addition
name Street address	SMITH, DONNA J 10231 W. SAMPLE ROAD					AE EET ADDRESS						
City-St-Zip	1	SPRINGS, FL 3306	5		/-ST-ZIP							
TITLE	VP Delete TITL					E					Change	Addition
NAME	l :	OHN A JR			NAM							
STREET ADDRESS CITY-ST-ZIP	S 10231 W. SAMPLE ROAD CORAL SPRINGS, FL 33065					EET ADDRESS /-ST-ZIP						
TITLE	Delete TITL					.E.		······································			Change	Addition
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STREET ADDRESS CITY-ST-ZIP	1					EET ADDRESS Y-ST-ZIP						
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NAME OTDET +DDDGGG	}				NAA CTD	ME REET ADDRESS				÷		
STREET ADDRESS CITY-ST-ZIP				`	CITY	Y-ST-ZIP					_	
12. I hereby indicated	certify that the	ne information supplied ort or supplemental rec	with this	filing does not qualify fo and accurate and that	or the exe my signa	emption stated	d in Se	ection 119.07(3 same legal effe)(i), Florida Statu ect as it made un	ites. I further ider oath; tha	certify that the i	nformation r or director
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 attackment with an address, with all other like empowered.												r Block 11 if
SIGNATURE: Dona J. Smith 4504 954-796-8560 Date Date Date Date Date Date Date Date												3560
SIGNA	OKE:	SIGNATURE AND TYPE	OR/PRINTE	D NAME OF SIGNING OFFICER			71.IL	<u> </u>	Date	ر ر	Daytime Phone #	<u> </u>