


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

FILED
May 03, 2004 8:00 am
Secretary of State

04-16-2004 90119 019 ***158.75

DOCUMENT # P03000007011	
1. Entity Name DURHAM FINANCIAL SERVICES, INC.	

Principal Place of Business 850 SOUTH 21ST STREET STE 0 FORT PIERCE FL 34950	Mailing Address 850 SOUTH 21ST STREET STE 0 FORT PIERCE FL 34950
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00410461



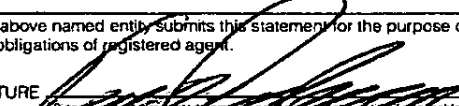
MOORE CR2E034 (11/03)

2. Principal Place of Business 850 S 21st St Suite 0 FT Pierce, FL 34950 US	3. Mailing Address 850 S. 21st St Suite 0 FT Pierce FL 34950 US
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4. FEI Number 90-0056911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

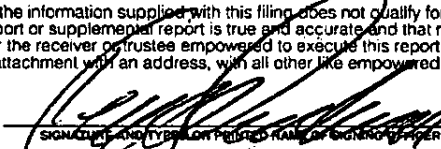
6. Name and Address of Current Registered Agent DURHAM, KENNETH 850 SOUTH 21ST STREET STE 0 FORT PIERCE FL 34950	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date: 4/30/04 Daytime Phone #