

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90045 005 ***150.00

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1. Entity Name
PAGE SPECIALISTS, INC.



Principal Place of Business
**6261 DRAW LANE
SARASOTA, FL 34238**

Mailing Address
**6261 DRAW LANE
SARASOTA, FL 34238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092004 Chg-P CR2E034 (10/03)

4. FEI Number
45-0501560

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALTER, CHRISTOPHER M
6261 DRAW LANE
SARASOTA, FL 34238**

7. Name and Address of New Registered Agent

Name **Daniel Prewett**
Street Address (P.O. Box Number is Not Acceptable) **5777 Beneva Rd So**
City **Sarasota** FL Zip Code **34233**

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 his/her applicable

(NOTE: Registered Agent signature required when re-issuing)

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

TITLE
NAME **P** ☐ Delete
STREET ADDRESS **WALTER, CHRISTOPHER M**
CITY-STATE-ZIP **6261 DRAW LANE
SARASOTA, FL 34238**

TITLE
NAME **VP** ☐ Delete
STREET ADDRESS **GANSEN, CHAD M**
CITY-STATE-ZIP **320 60TH STREET WEST
BRADENTON, FL 34209**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **T** ☐ Change ☒ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **S** ☐ Change ☒ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/04