

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90334 013 \*\*\*150.00

**DOCUMENT # P03000025390**

1. Entity Name

**CERTIFIED ADMINISTRATIVE SERVICES, INC.**



Principal Place of Business

401-B YELVINGTON AVE  
CLEARWATER FL 33755

Mailing Address

C/O TEMPLE H. DRUMMOND, ESQ.  
~~6714 113TH AVE~~  
TEMPLE TERR FL 33617

**140147887**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

6325 Jacqueline Arbor Dr

City & State

City & State

Temple Terrace, FL

4. FEI Number

06-1690932

Applied For

Not Applicable

Zip

Country

Zip

Country

33617

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H  
~~6714 113TH AVE~~  
TEMPLE TERR FL 33617

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6325 Jacqueline Arbor Drive

City

Temple Terrace

FL

Zip Code

33617

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: Temple H. Drummond  
Signature, typed or printed name of registered agent and title if applicable

Temple H. Drummond  
(NOTE: Registered Agent signature required when reinstating)

1/22/04  
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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BRADHAM, CAROLYN  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE D ☐ Delete  
NAME BYERS, LEX  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE D ☐ Delete  
NAME CURCIO, AUGUST R  
STREET ADDRESS 401-B YELVINGTON AVE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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: Carol Bradham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04  
Date

Daytime Phone #