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Mar 15, 2004 8:00 am
Secretary of State
03-01-2004 90039 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000028993

1. Entity Name
A STAT TRANSCRIPTON SERVICE, INC.

Principal Place of Business	Mailing Address
712 PINE FOREST TRAIL EAST PORT ORANGE, FL 32127	712 PINE FOREST TRAIL EAST PORT ORANGE, FL 32127

66405966

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
5967 HENSEL ROAD		5967 HENSEL ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PORT ORANGE, FL		City & State: PORT ORANGE, FL	
Zip: 32127	Country: VOLUSIA	Zip: 32127	Country: VOLUSIA

4. FEI Number: 51-0453345 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, RONALD F
400 S. PALMETTO AVENUE
DAYTONA BEACH, FL 32114

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: Kim Multop PRESIDENT 2/24/04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MULTOP, KIMBERLY		NAME	MULTOP, KIMBERLY	
STREET ADDRESS	712 PINE FOREST TRAIL EAST		STREET ADDRESS	5967 HENSEL ROAD	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, JAMES		NAME		
STREET ADDRESS	5822 SPRUCE CREEK WOODS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Kim Multop - KIM MULTOP - PRESIDENT 2/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #