

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90001 001 ***150.00

DOCUMENT # P03000030259 1. Entity Name OUTSOURCE SALES ASSOCIATES, INC.			
Principal Place of Business 2902 MANOR RIDGE PLACE VALRICO, FL 33594		Mailing Address 2902 MANOR RIDGE PLACE VALRICO, FL 33594	
2. Principal Place of Business 10150 Highland Manor Drive Suite, Apt. #, etc. #268 City & State TAMPA, FL Zip 33610		3. Mailing Address 10150 Highland Manor Drive Suite, Apt. #, etc. #268 City & State TAMPA, FL Zip 33610	
Country USA		Country USA	
4. FEI Number 510456284		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALL, MARK M'ESQ. 721 1ST AVENUE NORTH ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name THOMAS F. O'HARE Street Address (P.O. Box Number is Not Acceptable) 2902 MANOR RIDGE PLACE City VALRICO	
State FL		Zip Code 33594	
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 <u><i>Thomas F. O'Hare</i></u> DATE <u>8-9-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'HARE, THOMAS F 2902 MANOR RIDGE PLACE VALRICO, FL 33594	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 or without like empowered.			
SIGNATURE: <u><i>Thomas F. O'Hare</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8-9-04</u> Daytime Phone # <u>813-314-2216</u>	