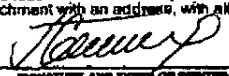


FILED
Apr 21, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000030590			
1. Entity Name: B & S SERVICES, INC.			
Principal Place of Business 2300 FLORIDA BLVD STE D DELRAY BEACH, FL 33483		Mailing Address 2300 FLORIDA BLVD STE D DELRAY BEACH, FL 33483	
DO NOT WRITE IN THIS SPACE			
		 04182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 45-0508838	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PECEV, BLAZO 2300 FLORIDA BLVD STE D DELRAY BEACH, FL 33483		DO NOT WRITE IN THIS SPACE	
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 file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PECEV, BLAZO 2300 FLORIDA BLVD STE D DELRAY BEACH, FL 33483		
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TITLE 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)(b), 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: 		4-19-05	561-305-9265
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Date	Daytime Phone #