

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90068 028 ***150.00

DOCUMENT # P03000033897

1. Entity Name

AMERICAN SERVICE & COMPANY, INC.



Principal Place of Business

2768-FAIRINGDON DR
TALLAHASSEE FL 32303

Mailing Address

2768-FAIRINGDON DR
TALLAHASSEE FL 32303

24033310



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2768-Fairingdon DR

Suite, Apt. #, etc.

N/A

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

37-1459527

Applied For

Not Applicable

Zip

32303

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCIONETTE, KEN C
2768-FAIRINGDON DR
TALLAHASSEE FL 32303

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

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

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 P ☐ Delete
NAME MARCIONETTE, KEN C
STREET ADDRESS 2768-FAIRINGDON DR
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE V ☐ Delete
NAME MARCIONETTE, HEATHER
STREET ADDRESS 298 WEST 98
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE T ☐ Delete
NAME CLOUGH, CHAD
STREET ADDRESS 298 WEST 98
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE S ☒ Delete
NAME MCCREADY, BETTE
STREET ADDRESS 1833 FOLKSTONE RD
CITY-ST-ZIP TALLAHASSEE FL 32312

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

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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:

Ken C Marquette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-31-04 859/514-2201
Date Daytime Phone #