


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90250 002 \*\*\*150.00

<b>DOCUMENT # P03000038884</b>	
1. Entity Name <b>FOLEY'S TRANSCRIPTION SERVICE, INC.</b>	

Principal Place of Business <b>834 SE FORGAL STREET PORT ST. LUCIE, FL 34983</b>	Mailing Address <b>834 SE FORGAL STREET PORT ST. LUCIE, FL 34983</b>
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14022599

2. Principal Place of Business <b>870 SE Carnival Ave</b>	3. Mailing Address <b>870 SE Carnival Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Port St Lucie FL</b>	City & State <b>Port St Lucie FL</b>
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Zip <b>34983</b>	Country	Zip <b>34983</b>	Country
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04022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>FOLEY, RHONDA 834 SE FORGAL STREET PORT ST. LUCIE, FL 34983</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>870 SE Carnival Ave</b> City <b>Port St Lucie</b> FL Zip Code <b>34983</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLEY, RHONDA <b>834 SE FORGAL STREET 870 Carnival Ave</b> PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOLEY, EDWARD W III <b>834 SE FORGAL STREET 870 Carnival Ave</b> PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rhonda Foley 4/8/04 (772) 340-7599  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #