2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90332 046 ***150.00

DOCUMENT # P03000039279

1. Entity Name
PILOT SERVICES INCORPORATED

66419410

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
2027 S.E. 10TH AVENUE 712 FORT LAUDERDALE FL 33316 US	2027 S.E. 10TH AVENUE 712 FORT LAUDERDALE FL 33316 US

2. Principal Place of Business	3. Mailing Address
2900 NE 30th ST.	2900 NE 30th ST.
Suite, Apt. #, etc. APT 4G	Suite, Apt. #, etc. APT 4G
City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33306 Country U.S.A	Zip 33306 Country U.S.A.

4. FEI Number 90-00066257 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KARNEY, JOSEPH J
2027 S.E. 10TH AVENUE
712
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name KARNEY, JOSEPH J.
Street Address (P.O. Box Number is Not Acceptable) 2900 NE 30TH STREET
APT 4G
City FORT LAUDERDALE FL Zip Code 33306

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 JOSEPH J KARNEY PRESIDENT N/A 4/30/2004
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KARNEY, JOSEPH J 2027 S.E. 10TH AVENUE FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. KARNEY, JOSEPH J. 2900 NE 30th STREET APT 4G FORT LAUDERDALE NY 33306	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: JOSEPH 14 APRIL 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #