

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90072 039 ***150.00

DOCUMENT # P03000045214

1. Entity Name
PH SERVICES, INC.



Principal Place of Business
9831 N OAK KNOLL CIRCLE
FT LAUDERDALE, FL 33324 US

Mailing Address
9831 N OAK KNOLL CIRCLE
FT LAUDERDALE, FL 33324 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-P

CR2E034 (10/03)

4. FEI Number

06-1690744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSER, PATRICIA L MRS.
9831 N OAK KNOLL CIRCLE
FT LAUDERDALE, FL 33324

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

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	P	<input type="checkbox"/> Delete
NAME	HAUSER, PATRICIA L	
STREET ADDRESS	9831 N OAK KNOLL CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33324	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THORNE, DOMENICA S MRS	
STREET ADDRESS	2021 SW 83RD AVE	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAMPOGNA, DEBORAH C MS.	
STREET ADDRESS	9831 N OAK KNOLL CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia L Hauser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/04

Date

954-476-9175

Daytime Phone #