2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90249 012 ***158.75

DOCUMENT # **P03000047882**

1. Entity Name

STROUSE'S SERVICES, INC.

Principal Place of Business	Mailing Address
307 PITTSBURGH DRIVE JUPITER FL 33458	307 PITTSBURGH DRIVE JUPITER FL 33458

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
307 Pittsburgh Dr.	307 Pittsburgh Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Fl.	City & State: Jupiter Fl.
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 65-1187265 ☐ 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
KEMPE, JOSEPH C ESQ JOSEPH C KEMPE PA 941 NORTH HIGHWAY A1A JUPITER FL 33477	Name: Jann T. Strouse Street Address (P.O. Box Number is Not Acceptable): 307 Pittsburgh Drive City: Jupiter **FL** Zip Code: 33458

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] DATE: 4/15/04

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

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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROUSE, JANN T		NAME	
STREET ADDRESS	307 PITTSBURGH DRIVE		STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BALLENGER, DONNA MARIE		NAME	
STREET ADDRESS	14059 MARRIAN AVENUE		STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] Jann T. Strouse 4/15/04 561-262-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #