

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111120

FILED
Apr 30, 2004
Secretary of State

Entity Name: CHECKERED FLAG MOBILE SERVICES INC.

Current Principal Place of Business:

4960 CHESTER ST
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

4960 CHESTER ST
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 75-3134587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY, STE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

JARRARD, ROBERT B
4960 CHESTER STREET
HASTINGS, FL 32145 US

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.

SIGNATURE: ROBERT B JARRARD

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JARRARD, ROBERT B
Address: 4960 CHESTER ST
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: GONZALEZ, DOUGLAS X
Address: 9620 GUZMAN AVE
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B JARRARD

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date