

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90016 019 ***150.00

DOCUMENT # P03000122629

1. Entity Name
TOTAL PERMITTING SERVICES, INC.



Principal Place of Business
239 U.S. HIGHWAY 301 BOULEVARD EAST
BRADENTON, FL 34208

Mailing Address
P.O. BOX 9341
BRADENTON, FL 34206

2. Principal Place of Business
915-29th Ave W.

3. Mailing Address
P.O. Box 9341

City & State
Bradenton FL
Zip
34205
Country
Manatee

City & State
Bradenton FL
Zip
34206
Country
Manatee



07222004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0477271
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, KARIN S
239 U.S. HIGHWAY 301 BOULEVARD EAST
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

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 *Karin S. Jones* *Karin S. Jones* *8-2-04*
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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PHILLIPS, JAMES H
4516 GINNY DRIVE
LAKELAND, FL 33811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JONES, KARIN S
239 U.S. HIGHWAY 301 BOULEVARD EAST
BRADENTON, FL 34208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
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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: *Karin S. Jones* *Secretary/Treasurer* *8/02/04* *941-747-8044*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #