2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000132052** 04-19-2004 90346 015 ***158.75 COMMUNITY FINANCIAL SERVICES, INC. Mailing Address Principal Place of Business 3922 6TH STREET S. PO BOX 15035 ST. PETERSBURG, FL 33733 SAINT PETERSBURG, FL 33705 2. Principal Place of Business 3. Malling Address Suite, Apt. #. etc. Suite, Apt. #, etc 03122004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 56-2414238 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERTHELOT, ANGELA E Street Address (P.O. Box Number is Not Acceptable) 2521 MADRID WAY S. SAINT PETERSBURG, FL 33712 City 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 Fforida. I am familiar with, and accept the obligations of registered agent. Signature, type-tier printed name of registered agent and the flappic note. (NOTE, Registered Agent signature regulared when relastating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P.S Change Addition TIDE Delete TITLE BERTHELOT, ANGELA E NAME NAME STREET ADDRESS 2521 MADRID WAY S STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP SAINT PETERSBURG, FL 33712 VΡ Addition TITLE Delete TITLE BERTHELOT, RICHARD BERTHELOT, RICHARD NAME NAME P.O. Box 15035 STREET ADDRESS 2521 MÁDRID WAY S STREET ADDRESS H. PETERSBURG, F1 3373 CITY-ST-ZIP SAINT PETERSBURG, FL 33712 CITY ST ZIP Defete TITLE Addition TITLE BERTHELDT ANGELA E BERTHELOT, ANGELA E NAME NAME STREET ADDRESS 2521 MADRID WAY S STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33712 CITY ST-ZIP De'ete ☐ Add tion NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE De'ete THE Change [] Add tion NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP De'ele ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP 12. Thereby 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 it 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 atta ANGELA BERTHELD SIGNATURE:

FILED