

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90030 031 \*\*\*150.00

DOCUMENT # P03000139568

1. Entity Name  
DIRECT STUDENT SERVICE OF FLORIDA, INC.



Principal Place of Business  
7133 US HWY 19 N  
NEW PORT RICHEY, FL 34652

Mailing Address  
7133 US HWY 19 N  
NEW PORT RICHEY, FL 34652

54061870



2. Principal Place of Business  
2332 US HWY 19 N  
Suite, Apt. #, etc.

3. Mailing Address  
2332 US HWY 19 N  
Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State  
HOLIDAY FL  
Zip  
34691

City & State  
HOLIDAY FL  
Zip  
34691

4. FEI Number  
200391694  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, JOSE A  
17410-A US HWY 41 N  
LUTZ, FL 33558-58

7. Name and Address of New Registered Agent

Name  
MURPHY, JOHN  
Street Address (P.O. Box Number is Not Acceptable)  
560 STILLMEADOWS CIR W.  
City  
PALM HARBOR FL Zip Code  
34683

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 JOHN MURPHY CFO

*John Murphy*

7/7/04

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  
DP  
PULLARA, JAMES J  
7133 US HWY 19 N  
NEW PORT RICHEY, FL 34652 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
BYRNE, THOMAS M  
7133 US HWY 19 N  
NEW PORT RICHEY, FL 34652 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Jim Pullara, PRESIDENT

*Jim Pullara*

Date

859-9922

Daytime Phone #