



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90066 028 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P03000153309</b><br>1. Entity Name<br><b>FERGUSON SERVICES, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>20025 SALTS DALE RD<br/>UMATILLA, FL 32784</b>  |  |   | Mailing Address<br><b>20025 SALTS DALE RD<br/>UMATILLA, FL 32784</b>                          |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   | 4. FEI Number<br><b>54-213-8598</b>   |  |
| Zip   |  | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>FERGUSON, ALAN<br/>20025 SALTS DALE RD<br/>UMATILLA, FL 32784</b>  |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>FERGUSON, ALAN<br/>20025 SALTS DALE RD<br/>UMATILLA, FL 32784</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>FERGUSON ALAN<br/>20025 SALTS DALE RD<br/>UMATILLA FL 32784</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V<br/>LISA FERGUSON<br/>20025 SALTS DALE RD<br/>UMATILLA FL 32784</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>AMANDA FERGUSON<br/>20025 SALTS DALE RD<br/>UMATILLA FL 32784</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>AMANDA FERGUSON<br/>20025 SALTS DALE RD<br/>UMATILLA FL 32784</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>    |  |   | Date <b>4-13-04</b> Daytime Phone # <b>352-669-9597</b>                                       |   |  |