
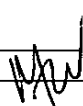


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000041730 1. Entity Name CO-MO SERVICES INC.			
Principal Place of Business 837 GAMBLE ST TALLAHASSEE, FL 32310		Mailing Address 837 GAMBLE ST TALLAHASSEE, FL 32310	
2. Principal Place of Business 1928 Charlais St Suite, Apt. #, etc.		3. Mailing Address 1928 Charlais St Suite, Apt. #, etc.	
City & State Tallahassee, FLA 32317 Zip 32317		City & State Tallahassee, FLA Zip 32317	
Country USA		Country USA	
4. FEI Number 593478277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODARD, CLARICE J 837 GAMBLE ST TALLAHASSEE, FL 32310 1928 Charlais St Tallahassee, FLA 32317		7. Name and Address of New Registered Agent Name Woodard, Clarice J. Street Address (P.O. Box Number is Not Acceptable) 1928 Charlais St City Tallahassee	
State FL		Zip Code 32317	
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: <u>Clarice J. Woodard</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.			
DATE: <u>6/7/05</u>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GAMBLE, CLARICE J 1928 CHARLAIS ST TALLAHASSEE, FL 32317	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Woodard, CLARICE J 1928 Charlais St Tallahassee, FLA 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Woodard, Willie J. 1928 Charlais St Tallahassee, FLA 32317 (V.P.)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <u>Clarice J. Woodard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>6/7/05</u>	
Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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