2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2004 08:00 AM Secretary of State

	ANNUAL KI	EPUKI		<u></u>	Secretary of State =
DOCUI	MENT # P93000012990)			secretary or state
1. Entity Name FLORIDA COMPLIANCE SPECIALISTS, INC.					
			150		
Principal Place	a of Rusiness Ma	ailing Address	1	1	
2331 HANSE		331 HANSEN PLACE			
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DO NOT WRITE IN THIS SPACE			CE	4. FEI Numbe	
				59-316	
				5. Certificate	of Status Desired
	6. Name and Address of Current Regis	tered Agent			
TAN (1 O.D.)]		
TAYLOR, DAVID R 1475 TUNG HILL DR			DO NOT WRITE		
TALLAHASSEE, FL 32317			l	INI 7	THIS SPACE
				114	IIIIS SPACE
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.					
irie obilgai	tions of tabistered agent.				}
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOYE, Registered Agent signature required when reinstating) DAYE					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be	
After M	ay 1, 2004 Fee will be \$550.00	* Mast Pulid Collabation.	. L Aut	Lett to rees	
10.	OFFICERS AND DIREC	CTORS	_	-	
TITLE NAME	PD TAYLOR, DAVID R				1100000017515
STREET ADDRESS	1475 TUNG HILL DR		1		U00000017515 01/28/04-80100-001 150.00
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CITY ST-ZIP		en-			A CONTRACTOR OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF
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					
of the co	a on this report or supplemental report is true proration or the receiver or trustee empowere	and accurate and that my signs d to execute this report as requ	ature strait have the lired by Chapter 60	same legal elfe 17, Florida Statut	es; 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.					