


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000013214 1. Entity Name A PLUS SERVICE NETWORK, INC.	
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Principal Place of Business 3938 WILTS ST ORLANDO, FL 32805 US	Mailing Address 3938 WILTS ST ORLANDO, FL 32805 US
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3167047	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASTELL, DESSIE B 4388 W JACKSON ST ORLANDO, FL 32811
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**DO NOT WRITE
IN THIS 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.

SIGNATURE: Dessie B. Castell DESSIE B. Castell 1-20-05
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000195256
01/26/05-80022-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELL, DESSIE B 4388 W JACKSON STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASTELL, BERTRAM T. 4388 W JACKSON STREET ORLANDO, FL 32811
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IN THIS SPACE**

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: Dessie B. Castell DESSIE B. Castell 1-20-05 407-522-0230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone