



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90460 008 ***150.00

DOCUMENT # P93000016782					
1. Entity Name BRINKER SERVICES, INC.					
Principal Place of Business 6308 30TH AVE E PALMETTO, FL 34221			Mailing Address 6308 30TH AVE E PALMETTO, FL 34221		
64073043					
2. Principal Place of Business 11825 69th St E Suite, Apt. #, etc.		3. Mailing Address 11825 69th St E. Suite, Apt. #, etc.			
City & State Parrish FL		City & State Parrish FL		4. FEI Number 65-0362830	
Zip 34219		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BRINKER, DIANE 6308 30TH AVE E PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11825 69th St E. City Parrish FL Zip Code 34219		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BRINKER, DIANE STREET ADDRESS 6308 30TH AVE E CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 11825 69th St. E. CITY-ST-ZIP Parrish FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BRINKER, DALE A II STREET ADDRESS 6308 30TH AVE E CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 11825 69th St. E. CITY-ST-ZIP Parrish FL 34219	<input checked="" 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	
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: <i>Diane Brinker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-22-04 Date		941-765737 Daytime Phone #