


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90019 006 ***150.00

DOCUMENT # P93000045242 1. Entity Name TALLAHASSEE SHARED SERVICES, INC.			
Principal Place of Business 3534-A THOMASVILLE ROAD TALLAHASSEE, FL 32308 US		Mailing Address P.O. BOX 3032 TALLAHASSEE, FL 32315 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3534 A THOMASVILLE ROAD Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		4. FEI Number NOT APPLICABLE	
Zip 32309		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02242004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WILLIAMS, F P 306 E COLLEGE AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2010 DELTA BLVD City TALLAHASSEE FL Zip Code 32303	
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 _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	D LECAIN, MARK 1400 E. PARK TALLAHASSEE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROMER, RAY E JR 440 N MONROE ST TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, DAN 580 S APPELYARD DR TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIMS, RANDALL J 431 S WOODWARD AVE TALLAHASSEE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. BRADLEY BLAKE
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>Ray E. Cromer, Jr.</u> Treasurer		2/25/04 850.894.1178 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>RAY E. CROMER, JR.</u>			

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