
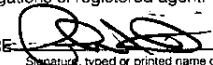
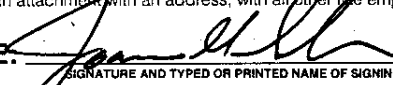


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90047 050 ***150.00

DOCUMENT # P93000046645 1. Entity Name SERVICE POINTE, INC.					
Principal Place of Business 8529 SOUTH PARK CIR STE 270 ORLANDO, FL 32819 US			Mailing Address 8529 SOUTH PARK CIR STE 270 ORLANDO, FL 32819 US		
2. Principal Place of Business 901 N. Lake Destiny Dr Suite, Apt. #, etc. S. 101 City & State Maitland, FL Zip 32751 Country USA			3. Mailing Address 901 N. Lake Destiny Dr. Suite, Apt. #, etc. S. 101 City & State Maitland FL Zip 32751 Country USA		
6. Name and Address of Current Registered Agent JONES, PHILIP M 8529 SOUTHPARK CIR. #270 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 901 N. LAKE DESTINY DRIVE Suite Suite 101 City Maitland FL Zip Code 32751		
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  Philip Jones DATE 2/19/04 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PHILIP M 5745 WEST LAKE BUTLER RD. WINDERMERE, FL 34786	<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	VSD SCHNEIDER, JOANNE M 934 PINE SHADOW DR. APOPKA, FL 32712	<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  Joanne M. Schneider DATE 02/19/04 DAYTIME PHONE # 407 478 2191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					