2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90028 012 ***150.00

DOCUMENT # P93000057462

1. Entity Name
CITY REPORTING SERVICES, INC.

Principal Place of Business	Mailing Address
220 EAST MADISON ST. # 1100 TAMPA FL 33602 US	220 EAST MADISON ST. # 1100 TAMPA FL 33602 US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
111 2nd Ave N.E.	111 2nd Ave N.E.
Suite, Apt. #, etc.: # 517	Suite, Apt. #, etc.: # 517
City & State: St. Petersburg Fl	City & State: St. Petersburg, Fl
Zip: 33701 Country: U.S.A.	Zip: 33701 Country: U.S.A.

4. FEI Number 59-3207605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Payne
~~MAGGIPINTO~~, MARISA
220 EAST MADISON ST.
1100
TAMPA FL 33602

111 2nd Ave N.E.
517
St. Petersburg, Fl 33701

7. Name and Address of New Registered Agent

Name: Marisa Payne
Street Address (P.O. Box Number is Not Acceptable): 111 2nd Ave. N.E.
517
City: St. Petersburg FL Zip Code: 33701

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 Marisa Payne [signature] 4/5/05
Signature, typed or printed name of registered agent and title 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MAGGIPINTO, MARISA 220 EAST MADISON ST. TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marisa Payne 111 2nd Ave. N.E. # 517 St. Petersburg Florida 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGGIPINTO, LISA 220 EAST MADISON ST. TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Marisa Payne, Vice President 4/5/05 (727) 456-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #