# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2004**
**Secretary of State**

DOCUMENT# P94000046238

**Entity Name:** LYS BUSINESS SERVICES, INC.

**Current Principal Place of Business:**

1313 E EDGEWOOD DR
LAKELAND, FL 338033225

**New Principal Place of Business:**

**Current Mailing Address:**

1313 E EDGEWOOD DR
LAKELAND, FL 338033225

**New Mailing Address:**

**FEI Number: 59-3272183** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLICKER, L. YVONNE
1313 E EDGEWOOD DR
LAKELAND, FL 338033225

**Name and Address of New Registered Agent:**

SLICKER, L. Y PRES
1313 E EDGEWOOD DR
LAKELAND, FL 338033225

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.

SIGNATURE: L. YVONNE SLICKER 04/08/2004
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete
Name: SLICKER, TM
Address: 1313 E EDGEWOOD DR
City-St-Zip: LAKELAND, FL

Title: P ( ) Delete
Name: SLICKER, L. YVONNE
Address: 1313 E EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition
Name: SLICKER, T M T
Address: 1313 E EDGEWOOD DR
City-St-Zip: LAKELAND, FL

Title: P (X) Change ( ) Addition
Name: SLICKER, L. Y P
Address: 1313 E EDGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T M SLICKER T 04/08/2004
Electronic Signature of Signing Officer or Director Date