## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000050796

Entity Name: MULTIPLE SERVICE TECHNOLOGIES, INC.

FILED Jan 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13191 56TH CT N SUITE 112

CLEARWATER, FL 33760 US 9809 LONG MEADOW DRIVE TAMPA, FL 33615

**New Mailing Address: Current Mailing Address:** 

13191 56TH CT N P O BOX 8218

MADEIRA BEACH, FL 33738 SUITE 112 US

CLEARWATER, FL 33760 US

FEI Number: 59-3253085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WATERS, COTY 501 EAST KENNEDY BLVD TAMPA, FL 33602

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete

ROMINE, NEAL R Name:

9809 LONGMEADOW DRIVE Address:

TAMPA, FL 33615 City-St-Zip:

( ) Delete Title: PSD Name: ARROYO, FRANK

2218 LONG LEAF CIRCLE Address: LAKELAND, FL 33810 City-St-Zip:

Title: () Delete

Name:

Address:

City-St-Zip:

(X) Change ( ) Addition Title:

Name: ROMINE, NEAL R

9809 LONGMEADOW DRIVE Address:

TAMPA, FL 33615 City-St-Zip:

Title: (X) Change ( ) Addition

Name: ARROYO, FRANK 2218 LONG LEAF CIRCLE Address: LAKELAND, FL 33810 City-St-Zip:

Title: ( ) Change (X) Addition

Name: ROMINE, PEGGY

9809 LONG MEADOW DRIVE Address:

City-St-Zip: TAMPA, FL 33615

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: NEAL ROMINE **PSTD** 01/15/2005