

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000083995

Entity Name: CFO SERVICES, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

7899 BAY MEADOWS WAY
2
JACKSONVILLE, FL 32256 US

Current Mailing Address:

7899 BAY MEADOWS WAY
2
JACKSONVILLE, FL 32256 US

FEI Number: 59-3276879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFSER, PETER L
2610 SIMS COVE LANE
JACKSONVILLE, FL 322237118

New Principal Place of Business:

9310 OLD KINGS ROAD SOUTH
BLDG. 201
JACKSONVILLE, FL 32257 US

New Mailing Address:

9310 OLD KINGS ROAD SOUTH
BLDG. 201
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LAFSER, PETER L
Address: 2610 SIMS COVE LANE
City-St-Zip: JACKSONVILLE, FL 322237118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER L. LAFSER

PD

01/13/2004

Electronic Signature of Signing Officer or Director

Date