

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90059 035 ***150.00

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| DOCUMENT # P95000012059 | |
| 1. Entity Name AKS MANAGEMENT SERVICES, INC. | |



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| Principal Place of Business 541 64 AVE. ST. PETE BEACH, FL 33706 US | Mailing Address 541 64 AVE. ST. PETE BEACH, FL 33706 US |
|---|---|

34000000



02022004 -- No Chg-P CR2E034 (10/03)

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|---|-------------------------------|
| 4. FEI Number 65-0555277 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent SMITH, APRIL K 541 64 AVE ST PETE BCH, FL 33706 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
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| 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, APRIL K 541 64 AVE ST. PETE BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SMITH, PAUL R 541 64 AVE. SAINT PETERSBURG, FL 33706 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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 another like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2/2/04** **727-698-7030**
Date Daytime Phone #