


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90270 025 ***150.00

DOCUMENT # P95000015972	
1. Entity Name COMMUNICATIONS SERVICES & TECHNOLOGY, INC.	

Principal Place of Business 334 EAST LAKE ROAD, STE. 144 PALM HARBOR, FL 34685	Mailing Address 334 EAST LAKE ROAD, STE. 144 PALM HARBOR, FL 34685
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2. Principal Place of Business 14175 ICOT Blvd. Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 33760 Country Pinellas	3. Mailing Address 14175 ICOT Blvd. Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 33760 Country Pinellas
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04282004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3364401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BARBARA 334 EAST LAKE ROAD, STE. 144 PALM HARBOR, FL 34685	
7. Name and Address of New Registered Agent Name DAN JOHNSON Street Address (P.O. Box Number is Not Acceptable) 14175 ICOT Blvd. Suite 100 City Clearwater FL Zip Code 33760	

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  DATE 4/28/04

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JOHNSON, BARBARA 334 EAST LAKE ROAD, STE. 144 PALM HARBOR, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DAN P 334 E LAKE RD SUITE 144 PALM HARBOR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (727)524 3900
Date Daytime Phone #