
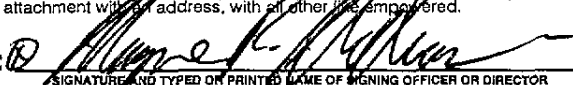
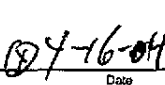



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000060047		
1. Entity Name SERVPRO OF WEST PALM BEACH, INC.		
Principal Place of Business 11420 FORTUNE CIR. I-26 WELLINGTON, FL 33414	Mailing Address 12679 WHITE CORAL DRIVE WEST PALM BEACH, FL 33414	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, WAYNE R 12679 WHITE CORAL DRIVE WEST PALM BEACH, FL 33414		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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 WILLIAMS, WAYNE R 12679 WHITE CORAL DRIVE WEST PALM BEACH, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, DOREEN 12679 WHITE CORAL DRIVE WEST PALM BEACH, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date  Daytime Phone # 



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0609045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1100000118700
04/19/04-80069-023 150.00

**DO NOT WRITE
IN THIS SPACE**