

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057374

FILED  
Feb 23, 2004  
Secretary of State

Entity Name: FALLER, DAVIS FIELD SERVICES, INC.

## Current Principal Place of Business:

5525 W. CYPRESS ST  
300  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

5525 W. CYPRESS ST  
300  
TAMPA, FL 33607

## New Mailing Address:

FEI Number: 59-3725589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FALLER-BROWN, NANCY R  
5525 W. CYPRESS ST  
300  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

FALLER BROWN, NANCY  
5525 W. CYPRESS ST  
300  
TAMPA, FL 33607 US

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: NANCY FALLER BROWN

02/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: FALLER-BROWN, NANCY R  
Address: 4926 SAN RAFAEL ST  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: FALLER BROWN, NANCY R  
Address: 4926 SAN RAFAEL ST  
City-St-Zip: TAMPA, FL 33629

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: NANCY FALLER BROWN

PVST

02/23/2004

Electronic Signature of Signing Officer or Director

Date