

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
04 JUN -4 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080755
1. Entity Name
GLOBAL SHAREHOLDER SERVICES, INC.



Principal Place of Business Mailing Address
7350 SOUTH TAMiami TRAIL P.O. BOX 3319
STE #96 SARASOTA, FL 34230 US
SARASOTA, FL 34231 US

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0696806 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOAKES, ANTHONY C
7350 S TAMiami TRAIL
STE #96
SARASOTA, FL 34231

**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 fee 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOAKES, ANTHONY C 7350 SOUTH TAMiami TRAIL, #96 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000125020
04/22/04-80067-019 150.00

**DO NOT WRITE
IN THIS SPACE**

Boakes 6/8

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: Anthony C. Boakes 6/2/04 941 922 3486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #