

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90188 004 ***150.00

DOCUMENT # P96000089398

1. Entity Name
**DIVERSIFIED CORRECTIONAL SERVICES,
INCORPORATED**



Principal Place of Business:
**4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS, FL 33410-4243**

Mailing Address
**4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS, FL 33410-4243**

24067905



2. Principal Place of Business		3. Mailing Address		04232004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0709333	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE WACKENHUT CORPORATION ATTN: LEGAL DEPT 4200 WACKENHUT DR., #100 PALM BEACH GARDENS, FL 33410-4243		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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: _____ (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: D NAME: MASON, DANIEL E <input checked="" type="checkbox"/> Delete STREET ADDRESS: 4200 WACKENHUT DR # 100 CITY-ST-ZIP: PALM BEACH GARDENS, FL 334104243	TITLE: S, P NAME: ROBERT L. KILBRIDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 4200 Wackenhut Dr. CITY-ST-ZIP: Palm Beach Gardens, FL 33410		
TITLE: DC NAME: WACKENHUT, RICHARD R <input checked="" type="checkbox"/> Delete STREET ADDRESS: 4200 WACKENHUT DR CITY-ST-ZIP: WEST PALM BEACH, FL 33410	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: V NAME: GREEN, IAN A <input type="checkbox"/> Delete STREET ADDRESS: 15888 118TH TERRACE CITY-ST-ZIP: JUPITER, FL 33478	TITLE: D, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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		
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		
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 affidavit, with all other like empowered.

SIGNATURE: IAN A. GREEN **V.P. TAX** 4/27/04 561-622-5656
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #