


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90009 030 ***158.75

DOCUMENT # P96000104587 1. Entity Name GOVERNMENT SERVICES GROUP, INC.					
Principal Place of Business 1500 MAHAN DRIVE STE 250 TALLAHASSEE, FL 32308			Mailing Address 1500 MAHAN DRIVE STE 250 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 59-3419105				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELEGAL, VIRGINIA S 1500 MAHAN DRIVE STE 200 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name <u>Heather J. Encinosa</u> Street Address (P.O. Box Number is Not Acceptable) <u>1500 Mahan Drive, Ste 200</u> City <u>Tallahassee</u> FL <u>32308</u>		
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 <u>Heather J. Encinosa</u> <u>Heather J. Encinosa</u> <u>1/7/04</u> <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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABORS, ROBERT L 1500 MAHAN DRIVE STE 250 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director mark Brown 1500 Mahan Drive, Suite 250 Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKERSON, GEORGE H JR. 2502 ROCKY POINT DR STE 1060 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charles L. Sweat 64 North Wymore Rd. Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBLIN, L. THOMAS 2502 ROCKY POINT DRIVE STE 1060 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, ROBERT E 1500 MAHAN DRIVE STE 250 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THARPE, CAMILLE P 1500 MAHAN DRIVE STE 250 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(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: <u>[Signature]</u> <u>1/12/04</u> <u>850-681-3717</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daring to Phone #</small>					