


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 21, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000045801</b> 1. Entity Name A SON AND DAUGHTER SERVICES INC.	
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Principal Place of Business 15276 HARRISON RD. DELRAY BEACH, FL 33484	Mailing Address 15276 HARRISON RD. DELRAY BEACH, FL 33484
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**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0783488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
FOSCHINI, PAUL W  
15276 HARRISON RD.  
DELRAY BEACH, FL 33484

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSCHINI, PAUL 15276 HARRISON ROAD DELRAY BEACH, FL 33484
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01/24/05-80090-005 150.00

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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 807, 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:** Paul Foschini 1-18-2005 (561) 4967040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #