

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070157

FILED  
May 04, 2005  
Secretary of State

Entity Name: OFFSHORE TRUST SERVICE INC.

## Current Principal Place of Business:

3350 BUSCHWOOD PARK DRIVE  
SUITE 160  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

3350 BUSCHWOOD PARK DRIVE  
SUITE 160  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 59-3462000      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRITHFIELD, DUANE  
3350 BUSCHWOOD PARK DRIVE  
SUITE 160  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: CRITHFIELD, JOSH  
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160  
City-St-Zip: TAMPA, FL 33618

Title: PD ( ) Delete  
Name: CRITHFIELD, DUANE  
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CRITHFIELD, JOSH  
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160  
City-St-Zip: TAMPA, FL 33618

Title: DIR (X) Change ( ) Addition  
Name: CRITHFIELD, DUANE  
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160  
City-St-Zip: TAMPA, FL 33618

Title: DIR ( ) Change (X) Addition  
Name: MCNAMEE, DAVID  
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160  
City-St-Zip: TAMPA, FL 33618

Title: VP/T ( ) Change (X) Addition  
Name: KLEM, KASEY  
Address: 3350 BUSCHWOOD PARK DRIVE, SUITE 160  
City-St-Zip: TAMPA, FL 33618

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: KASEY KLEM

VP/T

05/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date