

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081714

FILED
Apr 23, 2004
Secretary of State

Entity Name: ASSOCIATED BUSINESS SERVICES, INC.

Current Principal Place of Business:

303 NORTH WARNELL STREET
PLANT CITY, FL 33566

New Principal Place of Business:

303 NORTH WARNELL STREET
PLANT CITY, FL 33563

Current Mailing Address:

303 NORTH WARNELL STREET
PLANT CITY, FL 33566

New Mailing Address:

303 NORTH WARNELL STREET
PLANT CITY, FL 33563

FEI Number: 59-3516396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMAN, CHARLES
303 NORTH WARNELL STREET
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

HARMAN, CHARLES
303 NORTH WARNELL STREET
PLANT CITY, FL 33563 US

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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PEASLEE, R R
Address: 303 NORTH WARNELL STREET
City-St-Zip: PLANT CITY, FL 33566

Title: STD () Delete
Name: HARMAN, CHARLES C
Address: 303 NORTH WARNELL STREET
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: PEASLEE, R R
Address: 303 NORTH WARNELL STREET
City-St-Zip: PLANT CITY, FL 33563

Title: STD (X) Change () Addition
Name: HARMAN, CHARLES C
Address: 303 NORTH WARNELL STREET
City-St-Zip: PLANT CITY, FL 33563

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: CHARLES C. HARMAN

TREA

04/23/2004

Electronic Signature of Signing Officer or Director

Date