

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90077 001 ***158.75

DOCUMENT # P98000011769

1. Entity Name
INTEGRITY SERVICES INC. GENERAL CONTRACTORS



Principal Place of Business
**4631 10TH AVE. NORTH
LAKE WORTH, FL 33463 US**

Mailing Address
**4631 10TH AVE. NORTH
LAKE WORTH, FL 33463 US**

34000000

2. Principal Place of Business
**1750 N. Florida Mango Rd
Suite, Apt. #, etc. # 200**

3. Mailing Address
**1750 N. Florida Mango Rd
Suite, Apt. #, etc. # 200**



04232004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33409

Country
US

Zip
33409

Country
US

4. FEI Number
65-0812255

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MACK, ANDREW P
6138 NEW PORT VILAGE WAY
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent
Name **Andrew P. Mack**
Street Address (P.O. Box Number is Not Acceptable)
**1750 N. Florida Mango Rd #200
West Palm Beach FL 33409**

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 **[Signature]**, **President/CEO** **4/23/04**
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE VT | <input type="checkbox"/> Delete | TITLE VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MACK, KENNETH R | | NAME Mack, Kenneth R | |
| STREET ADDRESS 3204 PIN OAK COURT | | STREET ADDRESS 1900 Consulate Pl #104 | |
| CITY-ST-ZIP WEST PALM BEACH, FL 33410 | | CITY-ST-ZIP West Palm Beach, FL 33401 | |
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MACK, ANDREW P | | NAME | |
| STREET ADDRESS 6138 NEWPORT VILLAGE WAY | | STREET ADDRESS | |
| CITY-ST-ZIP LAKE WORTH, FL 33463 | | CITY-ST-ZIP | |
| TITLE VPS | <input type="checkbox"/> Delete | TITLE S/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MACK, ALAN T | | NAME Mack, Alan T | |
| STREET ADDRESS 142 VALENCIA ST | | STREET ADDRESS 16573 Key Lime Blvd | |
| CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 | | CITY-ST-ZIP Loxahatchee, FL 33470 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 life empowered.

SIGNATURE: **[Signature]** **4/23/04** **561-721-9373**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ext. 101