

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000039518

1. Entity Name
TASK SERVICES, INC.



**FILED
Apr 29, 2005 8:00 am
Secretary of State**

04-29-2005 90194 038 ***150.00

Principal Place of Business
306 CLEMON RD
BRANDON, FL 33510 US

Mailing Address
306 CLEMON RD
BRANDON, FL 33510 US

DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3514954	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, JOHN WESQUIRE
221 EAST ROBERTSON ST
BRANDON, FL 33511

**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

John W. Gardner
Signature, typed or printed name of registered agent and title if applicable.

4-28-05
DATE

(NOTE: Registered Agent signature required when re-inking)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BARONI, ROBERT
STREET ADDRESS 5 TURRET SHELL LANE
CITY-ST-ZIP HILTON HEAD ISLAND, SC 29926

TITLE ST
NAME BARONI, BARBARA
STREET ADDRESS 5 TURRET SHELL LANE
CITY-ST-ZIP HILTON HEAD ISLAND, SC 29926

TITLE VP
NAME BOYD, BANGHIN LAUGHLIN
STREET ADDRESS 12 SWAN LAKE
CITY-ST-ZIP BLUFFTON, SC 29910

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Robert Barone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone #