


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000052188</b>		
1. Entity Name <b>NEPTUNE SERVICES, INC.</b>		
Principal Place of Business <b>6700 S. FLORIDA AVE., STE. #1 LAKELAND, FL 33813</b>		Mailing Address <b>P.O. BOX 7220 LAKELAND, FL 33807</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ELLSWORTH, SUZANNE M 6700 S. FLORIDA AVE., STE. #1 LAKELAND, FL 33813</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		1000000143608 04/30/04-80097-018 150.00
TITLE	PTD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	ELLSWORTH, SUZANNE M	
STREET ADDRESS	6700 S. FLORIDA AVE., STE. #1	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VSD	
NAME	BADCOCK, MICHELLE E	
STREET ADDRESS	6700 S. FLORIDA AVE., STE #1	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
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STREET ADDRESS		
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 like empowered.		
SIGNATURE: <u>Suzanne M. Ellsworth</u>		4-28-04 863-647-5123
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>