## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 21, 2004 8:00 am Secretary of State **DOCUMENT # P98000060148** 01-21-2004 90008 036 \*\*\*150 00 DIRECT STRATEGIES, INC. Principal Place of Business Mailing Address 301 SOUTH BRONOUGH ST SUITE 650 301 SOUTH BRONOUGH ST-SUITE 650 J477 -TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2 Principal Place of Business 106 C. Colleg 3. Mailing Address 106 E.C Ollege Aue Suite, Apt, #, etc. Suite, Apt. #, etc. 01162004 CR2E034 (10/03) Chg-P 1100 City & 4. FEI Number Applied For 59-3520378 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEROS, GEORGE N JR Street Address (P.O. Box Number is Not Acceptable) RUMBERGER, KIRK & CALDWELL, P.A. 301 SOUTH BRONOUGH ST, SUITE 600 TALLAHASSEE, FL 32301 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Ш Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. SD Delete TIRE Change Addition TITLE POOLE, VAN B NAME 100 E. College Are Suite 1100 NAME 301 SOUTH BRONOUGH ST SUITE 650 STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32301 rallahassel. CITY - ST- 71P CITY-ST-ZIP Delete TITLE Change Addition TITLE 106 E. College Ane Burle 1100 MCKINLEY, WILLIAM T NAME 301 SOUTH BRONOUGH ST SUITE 650-STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL. 32301 CITY-ST-7IP CITY-ST-ZIP Delete ME ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPESTOR INTED MAKE OF RIGHING OFFICER OR DIRECTOR

**FILED**