2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073236

Title:

Name:

Address:

City-St-Zip:

Entity Name: ROW LAND SERVICES, INC.

FILED Jan 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 461 CYPRESS ST ALTAMONTE SPRINGS, FL 327142460 **Current Mailing Address: New Mailing Address:** 461 CYPRESS ST ALTAMONTE SPRINGS, FL 327142460 FEI Number: 59-3528838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHILLIPS, R PATRICK 200 N THORNTON AVE ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HUDSON, THOMAS R Name: Name: 461 CYPRESS ST Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 327142460 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HUDSON, D FRANK Name: 40813A ORLANDO AVE Address: Address: OCOEE, FL 34761 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HUDSON, JOSEPH P Name: Name: 366 ORANGE AVE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS HUDSON D 01/30/2004

() Delete

CROWSTON, C MICHAEL

11070 DELFORD CIRCLE

DALLAS, TX 75228

() Change () Addition