2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90386 025 ***150.00

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1. Entity Name
FAMILY OWNED SERVICE COMPANY, INC.

Principal Place of Business	Mailing Address
1190 S. BROAD ST. BROOKSVILLE, FL 34601	PO BOX 566 BROOKSVILLE, FL 34605-0566

DO NOT WRITE IN THIS SPACE

04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3543984
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, DARRYL W
29 SOUTH BROOKSVILLE AVE
BROOKSVILLE, FL 34601

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DPC
NAME	BREWER, BARRY K
STREET ADDRESS	P.O. BOX 566
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	DV
NAME	FLOOK, JOHN
STREET ADDRESS	1190 S. BROAD ST.
CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE	ST
NAME	BREWER, YVONNE
STREET ADDRESS	P.O. BOX 566
CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE	D
NAME	BREWER, YVONNE
STREET ADDRESS	P.O. BOX 566
CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE	D
NAME	DERRYBERRY, THOMAS
STREET ADDRESS	P.O. BOX 566
CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #