

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90034 001 ***158.75

DOCUMENT # P98000100562

1. Entity Name

COMPSERV, INC.



Principal Place of Business

2325 ULMERTON ROAD #16
CLEARWATER FL 33762

Mailing Address

2325 ULMERTON ROAD #16
CLEARWATER FL 33762

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3544824

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRY, EDWARD H
913 WYNGATE COURT
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEAL, VAN L	
STREET ADDRESS	5401 WEST KENNEDY BLVD., STE. 751	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, FRED B JR	
STREET ADDRESS	2325 ULMERTON ROAD, STE. 20	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, DANIEL L	
STREET ADDRESS	14810 ROE PE BAYONNE #2E	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	PARRY, EDWARD H	
STREET ADDRESS	3113 GELNWOOD COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNEAL, CLAYTON	
STREET ADDRESS	5401 WEST KENNEDY BLVD STE 751	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, RENEE	
STREET ADDRESS	5401 WEST KENNEDY BLVD., SUITE 751	
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Edward H. Parry

Edward H. Parry VP/ST

Date

Daytime Phone #

4/13/04

727-388-5668