


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000004188
 1. Entity Name DIVERSIFIED RETAIL SERVICES, INC.



Principal Place of Business: 1029 COOL SPRINGS O FALLON MO 63366
 Mailing Address: 1141 MYRTLE ROAD VALRICO FL 33594

2. Principal Place of Business: Same
 Suite, Apt. #, etc. _____
 3. Mailing Address: Same
 Suite, Apt. #, etc. _____

City & State: L
 Zip: L Country: _____
 City & State: L
 Zip: L Country: _____



6. Name and Address of Current Registered Agent
 BEAVER, SHARI
 1141 MYRTLE ROAD
 VALRICO FL 33594

4. FEI Number: 59-3554904
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 7. Name and Address of New Registered Agent
 Name: Same
 Street Address (R.O. Box Number is Not Acceptable): _____
 City: L 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: _____ (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: PD	<input type="checkbox"/> Delete
NAME: BEAVER, DAVID M	
STREET ADDRESS: 1141 MYRTLE ROAD	
CITY-ST-ZIP: VALRICO FL 33594	
TITLE: VD	<input type="checkbox"/> Delete
NAME: BEAVER, SHARI	
STREET ADDRESS: 1141 MYRTLE ROAD	
CITY-ST-ZIP: VALRICO FL 33594	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David Beaver David Beaver, 2/4/04 (813) 689-2966
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #