


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000028676	
1. Entity Name MS PRODUCTS & SERVICES, INC.	

Principal Place of Business 481 KENTIA ROAD CASSELBERRY, FL 32807	Mailing Address 481 KENTIA ROAD CASSELBERRY, FL 32807
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DO NOT WRITE IN THIS SPACE

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01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3569251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCARFO, MADELINE
481 KENTIA ROAD
CASSELBERRY, FL 32807

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	NAME SCARFO, MADELINE
STREET ADDRESS 481 KENTIA ROAD	
CITY-ST-ZIP CASSELBERRY, FL 32807	
TITLE D	NAME SCARFO, JAMES J
STREET ADDRESS 481 KENTIA ROAD	
CITY-ST-ZIP CASSELBERRY, FL 32807	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
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: *Madeline Scarfo* **MADELINE SCARFO** **1/31/05** **407-230-6757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #