

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90012 013 ***150.00

DOCUMENT # P99000049939

1. Entity Name
MSM SERVICES, INC.



Principal Place of Business
**278 NW 43RD WAY
DEERFIELD BEACH FL 33422**

Mailing Address
**278 NW 43RD WAY
DEERFIELD BEACH FL 33422**

94024688



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0923330**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINBERG, DANIEL J
1191 E NEWPORT CENTER DRIVE
PH-8
DEERFIELD BEACH FL 33422**

Name **JEROME SCHWARTZ**
Street Address (P.O. Box Number is Not Acceptable)
3215 NW 10 TERRACE
SUITE 205
City **FT LAUDERDALE** FL Zip Code **33309**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **KOLCZ, EDWARD I**
STREET ADDRESS **278 NW 43RD WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33422**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04
Date

954-649-0127
Daytime Phone #