


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90296 015 ***158.75

DOCUMENT # P99000063539 1. Entity Name RAIL SERVICES DIVERSIFIED, INC.					
Principal Place of Business 3530 SANDBURG RD. JACKSONVILLE, FL 32277			Mailing Address 3530 SANDBURG RD. JACKSONVILLE, FL 32277		
2. Principal Place of Business 3210 - 89th ST. E. Suite, Apt. #, etc.		3. Mailing Address 3210 - 89th ST. E. Suite, Apt. #, etc.			
City & State PALMETTO, FLORIDA		City & State PALMETTO, FLORIDA		4. FEI Number 59-3585750	
Zip 34221		Country UNITED STATES		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUFF, ROBERT S 3530 SANDBURG RD. JACKSONVILLE, FL 32277			7. Name and Address of New Registered Agent Name DUFF, ROBERT S. Street Address (P.O. Box Number is Not Acceptable) 3210 - 89th ST. E. City PALMETTO, FL Zip Code 34221		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DUFF, ROBERT S STREET ADDRESS 3530 SANDBURG RD. CITY-ST-ZIP JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete		TITLE P NAME DUFF, ROBERT S. STREET ADDRESS 3210 - 89 th ST. E. CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>Robert S. Duff</i> ROBERT S. DUFF			Date APRIL 7, 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 904-710-5431		