2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090555

Name:

Address:

City-St-Zip:

RT 2 BOX 350

SAINT GEORGE, GA 31646

FILED Apr 07, 2004 Secretary of State

Entity Name: LST SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 433 US 90 WEST BALDWIN, FL 32234 **Current Mailing Address: New Mailing Address:** 433 US 90 WEST BALDWIN, FL 32234 FEI Number: 59-3603419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMB, H JUANITA 433 US 90 WEST BALDWIN, FL 32234 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LAMB, JUANITA Name: Name: 433 US 90 WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32234 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: SWEAT, SAMANTHA Name: 155 RAILROAD AVE Address: Address: JACKSONVILLE, FL 32234 City-St-Zip: City-St-Zip: Title: Title: VPS () Delete **VPS** (X) Change () Addition LAMB, VICTORIA LAMB, VICTORIA Name: Name: 7036 SWAMP FLOWER N 433 US 90 WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: BALDWIN, FL 32234 Title: VΡ () Delete Title: VΡ (X) Change () Addition HUBBARD, WANDA TIMMONS, WANDA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RT 2 BOX 350

SAINT GEORGE, GA 31562

VΡ SIGNATURE: WANDA TIMMONS 04/07/2004