

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 012 ***150.00

DOCUMENT # S07196

1. Entity Name

FBMA SERVICES CORPORATION



Principal Place of Business

1303 LIMIT AVE.
P.O. BOX 65
MT. DORA FL 32756-0065

Mailing Address

1303 LIMIT AVE.
P.O. BOX 65
MT. DORA FL 32756-0065

94026066



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3039418**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, GEORGE W
1301 LIMIT AVE
MONT DORA FL 32757

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(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 VP
NAME BLOCKER, BRIAN ☒ Delete
STREET ADDRESS 1330 N COCOA BLVD
CITY-ST-ZIP COCOA FL

TITLE D
NAME DUNN, SAM ☐ Delete
STREET ADDRESS 415 ORANGE AVE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE PP ☒ Delete
NAME MONROE, JACK SR
STREET ADDRESS 460 NW ENTERPRISE DR
CITY-ST-ZIP PORT ST LUCI FL

TITLE D ☐ Delete
NAME KUESTER, KEN
STREET ADDRESS 2175 W 18TH STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☒ Delete
NAME NOTTINGHAM, LC III
STREET ADDRESS 575 PHELPS ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ Delete
NAME TUCKER, GEORGE W
STREET ADDRESS 1303 LIMIT AVE
CITY-ST-ZIP MT DORA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME Tom Croyle
STREET ADDRESS 1361 N. U.S. Highway 1
CITY-ST-ZIP OAKLAND BEACH, FL 32174

TITLE ☐ Change ☒ Addition
NAME Allen Osteen
STREET ADDRESS 308 Avenue A
CITY-ST-ZIP Ft. Pierce, FL 34950-4417

TITLE ☐ Change ☒ Addition
NAME Greg Belle
STREET ADDRESS 1153-B Cattlemen Road
CITY-ST-ZIP Sarasota, FL 34237

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

TITLE ☐ Change ☒ Addition
NAME Pat Hostus
STREET ADDRESS 9555 South US Highway 1
CITY-ST-ZIP Deltona, FL 32958

TITLE ☐ Change ☒ Addition
NAME Dan Waters
STREET ADDRESS 903 Sweetwater Blvd, S.
CITY-ST-ZIP Longwood, FL 32779

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

Date

Daytime Phone #

3/4/04 352/3830366