

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 026 ***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
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01032005 Chg-P CR2E034 (10/03)

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 59-3039418	Applied For <input type="checkbox"/> Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete	NAME CROWE, TOM
STREET ADDRESS	1361 N US HIGHWAY 1		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
TITLE	D	<input type="checkbox"/> Delete	NAME DUNN, SAM
STREET ADDRESS	415 ORANGE AVE		
CITY-ST-ZIP	DAYTONA BEACH, FL		
TITLE	VP	<input type="checkbox"/> Delete	NAME OSTEEN, ALLEN
STREET ADDRESS	308 AVENUE A		
CITY-ST-ZIP	FORT PIERCE, FL 349504417		
TITLE	PP	<input checked="" type="checkbox"/> Delete	NAME KUESTER, KEN
STREET ADDRESS	2175 W 18TH STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	T	<input type="checkbox"/> Delete	NAME BELL, GREG
STREET ADDRESS	1155-B CATTLEMEN ROAD		
CITY-ST-ZIP	SARASOTA, FL 34237		
TITLE	S	<input type="checkbox"/> 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	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PP
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME P
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME D Smyth, Mike
STREET ADDRESS	4112 Willow Bay Drive		
CITY-ST-ZIP	Winter Garden, FL 34787		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME VP
STREET ADDRESS	_____		
CITY-ST-ZIP	_____		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS	_____		
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: **George W. Tucker** 3/22/05 352-3830366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #