

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90223 017 \*\*\*150.00

**DOCUMENT # V56257**

1. Entity Name

PHONE SERVICES, INC.



Principal Place of Business

Mailing Address

6100 SABAL HAMMOCK CR  
PORT ORANGE FL 32124  
US

6100 SABAL HAMMOCK CIRCLE  
PORT ORANGE FL 32124  
US

2. Principal Place of Business

3. Mailing Address

2758 TURNBULL COVE DR.  
Suite, Apt. #, etc.

2758 TURNBULL COVE DR.  
Suite, Apt. #, etc.

City & State

City & State

NEW SMYRNA BEACH, FL.

NEW SMYRNA BEACH, FL.

Zip

Country

Zip

Country

32168

USA

32168

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3135574

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

CREASY, GARY  
6100 SABAL HAMMOCK CIRCLE  
PORT ORANGE FL 32124

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CREASY, GARY  
STREET ADDRESS 6100 SABAL HAMMOCK CIRCLE  
CITY-ST-ZIP PORT ORANGE FL

TITLE ☒ Change ☐ Addition  
NAME CREASY, GARY  
STREET ADDRESS 2758 TURNBULL COVE DR.  
CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

*GARY D. CREASY*

GARY D. CREASY

4-15-04

386-679-4296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #