

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000123626

**FILED  
Aug 17, 2004  
Secretary of State**

**Entity Name:** FACILITIES MANAGEMENT SERVICES INCORPORATED

**Current Principal Place of Business:**

4900 13TH LANE  
VERO BEACH, FL 32966 US

**New Principal Place of Business:**

**Current Mailing Address:**

4900 13TH LANE  
VERO BEACH, FL 32966 US

**New Mailing Address:**

**FEI Number:** 75-3088031      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: LEFFEWE, JIM  
Address: 4900 13TH LANE  
City-St-Zip: VERO BEACH, FL 32966 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O ( ) Change (X) Addition  
Name: BELLA, ALDO  
Address: 1825 23RD AVENUE  
City-St-Zip: VERO BEACH, FL 32960

Title: O ( ) Change (X) Addition  
Name: BELLA, LAURA  
Address: 1825 23RD AVENUE  
City-St-Zip: VERO BEACH, FL 32960

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.

SIGNATURE: JIM LEFFEWE

D

08/17/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date