2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000050104

1. Entity Name F1 BUILDING SERVICES INC.



Principal Place of Business 6014 AMBASSADOR DR

Mailing Address P.O. BOX 20773

TAMPA, FL 33615 US

TAMPA, FL 33622-0773 US

FILED Jan 09, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3275153

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. Name and Address of Current Registered Agent

KLAY, JAMES B

ALOT MODITE

6014 AMBASSADOR DRIVE TAMPA, FL 33615				IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its req	gistered office or re	agistered agent, or bo	th, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE.	Signature, typed or printed name of registered agent and tibe i	f applicable. (NOTE, Ro	gistered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu	· · ·	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P KLAY, MARGARET A 6014 AMBASSADOR DRIVE TAMPA, FL 33615			,	U00000001364 01/12/04-80004-024 150.0	0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT KLAY, JAMES B 6014 AMBASSADOR DRIVE TAMPA, FL 33615					
NAME STREET ADDRESS CRY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TATLE NAME STREET ADDRESS CXTY-ST-ZXP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	- -	_
maicalea	i on inis report of supplemental report is true a	ino accurate ano inat my :	Sionaiure shall hav	le the same least effe	(i), Florida Statutes. I further certify that the information as if made under oath; that I am an officer or direct as; and that my name appears to Block 10 or Bl	CO.

SIGNATURE: