

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Aug 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000006960

1. Entity Name
AT ANSWERING SERVICE, INC.



Principal Place of Business
**3025 BRAVO CT.
ORANGE PARK, FL 32065**

Mailing Address
**3025 BRAVO CT.
ORANGE PARK, FL 32065**



07292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3437577	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WATTS, NORMA JEAN
3025 BRAVO CT.
ORANGE PARK, FL 32065**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WATTS, NORMA JEAN 591 WILLIAM PACA STREET ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BRANNAN, CHARLES T 1015 DOESHIRE DR ORANGE PARK, FL 32065
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08/02/04-80010-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Norma Jean Watts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/04
Date

904-276-0020
Daytime Phone #