2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 439844

1. Entity Name
WITH COMMUNITY SERVICES, INC.

Principal Place of Business	Mailing Address
14000 N MILITARY TR 200 DELRAY BEACH, FL 33484-2600 US	14000 N MILITARY TR 200 DELRAY BEACH, FL 33484-2600 US

02182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1474270
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NAWALANY, MICHAEL W
14000 N MILITARY TR #200
DELRAY BEACH, FL 33484-2600

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000643285
03/01/07-80080-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALLO,CARL R
STREET ADDRESS	14000 N. MILITARY TR #200
CITY-ST-ZIP	DELRAY BEACH, FL 334842600
TITLE	P
NAME	MORICI, HERBERT
STREET ADDRESS	1400 N. MILITARY TR #200
CITY-ST-ZIP	DELRAY BEACH, FL 334842600
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carl R Gallo CARL R. GALLO 2.20.07 561 637,6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #