

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716626

FILED
Apr 17, 2006
Secretary of State

Entity Name: SERVE, INC.

Current Principal Place of Business:

3111 TAMPA BAY BLVD.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3111 TAMPA BAY BLVD.
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-1270557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUHITE, RUSSELL S
FOWLER, WHITE, ET AL.
501 E. KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERALTA, TAMMY
Address: 601 E. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: BARROW, PATTI
Address: 6801 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33680

Title: TD () Delete
Name: CONIGLIARO, ROBERT
Address: 4908 W. NASSAU ST.
City-St-Zip: TAMPA, FL 33607

Title: VD () Delete
Name: REED, WALTER
Address: 702 N. FRANKLIN ST
City-St-Zip: TAMPA, FL 33602

Title: SD () Delete
Name: SAAVEDRA, JANICE
Address: 505 N. ROME AVE.
City-St-Zip: TAMPA, FL 33605

Title: ED () Delete
Name: HOUCHEN, DONNA C
Address: 16013 CHASTAIN RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA C. HOUCHEN

ED

04/17/2006

Electronic Signature of Signing Officer or Director

Date