2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2008 08:00 All Secretary of State DOCUMENT # M70776 1. Entity Name JOHN & GEORGE SERVICE, INC. Principal Place of Business Mailing Address 1059 NE 43RD ST 1059 NE 43RD ST OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0034049 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ANASTASIOU, VAN Street Address (P.O. Box Number is Not Acceptable) 7 S.E. 13TH STREET FORT LAUDERDALE FL 33316 City Zip Code 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 my stered rigert and title if applicable (f-OTE_Registered Agent a gratum required when reinstaurig) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Defete Addition TITLE U00000912143 LOUVARIS, JOHN NAME NAME 05/07/08-30069-014 150.00 STREET ADDRESS 916 SE 10 CT. STREET ADDRESS POMPANO BCH. FL CITY-ST-712 CITY-ST-2IP TITLE De-ete ☐ Change ■ Addition NAME LOUVARIS, CHERYL, D STREET ADDRESS 916 SE 10 CT STREET ADDRESS CITY-ST-ZIP POMPANO BCH FL CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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, while all effect like empowered.

STREET ADDRESS

SIGNATURE:

TITLE

name Street address

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/8/08

954 563-713

Change

■ Addition