FROM :PROFESSIONAL ADMIN SPECIALISTS FAX NO. :4078622796

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Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90041 020 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127918

1. Entity Name
SERVICE PROS INC.

Principal Place of Business	Mailing Address
15204 VINOLA DRIVE MONTVERDE, FL 34756	475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714

04092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	15204 Vinola Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Montverde, FL
Zip / Country	Zip: 34756 / Country

4. FEI Number: 20-1594841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, GOLDBERG, LEACH & COHN, PL
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name: Frank BARNhart
Street Address (P.O. Box Number is Not Acceptable): 15204 Vinola Drive
City: Montverde FL Zip Code: 34756

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] Frank Barnhart 4/10/07
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARNHART, JANET		NAME		
STREET ADDRESS	15204 VINOLA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE, FL 34756		CITY-ST-ZIP		
TITLE	VP/S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARNHART, FRANK		NAME		
STREET ADDRESS	15204 VINOLA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE, FL 34756		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Frank Barnhart 4/10/07 (407) 469-2784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #