

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90509 050 ***158.75

DOCUMENT # P93000022852 1. Entity Name INTEGRASERV, INC.					
Principal Place of Business 4309 NEPTUNE RD SAINT CLOUD, FL 34769 US			Mailing Address P O BOX 701477 ST CLOUD, FL 34770-1477 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3172095	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOSS, MARGARET 1135 ALBANY AVE ST CLOUD, FL 34771				7. Name and Address of New Registered Agent Name MOSS, MARGARET Street Address (P.O. Box Number is Not Acceptable) 4210 Cinnamon Fern Ct. City St. Cloud FL Zip Code 34772	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEILSON, SCOTT P 155 PINION LN ALPHARETTA, GA 30005	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Reder, James W. 3122 Glenwood Dr Graham, NC 27253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOSS, MARGARET L 1135 ALBANY AVE ST CLOUD, FL 34771	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Moss, Margaret L. 4210 Cinnamon Fern Ct. St. Cloud, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REDER, JAMES W JR. 3122 GLENWOOD DR GRAHAM, NC 27253	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Moss, Margaret L. 4210 Cinnamon Fern Ct. St. Cloud, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Neilson, Scott P 4320 Dorset Lane Suwanee, GA 30024	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Neilson, Scott P 4320 Dorset Lane Suwanee, GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Neilson, Scott P 4320 Dorset Lane Suwanee, GA 30024	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Neilson, Scott P 4320 Dorset Lane Suwanee, GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Neilson, Scott P 4320 Dorset Lane Suwanee, GA 30024	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Neilson, Scott P 4320 Dorset Lane Suwanee, GA 30024
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Margaret L. Moss Margaret L. Moss April 29, 2005 407-892-0085 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					