

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062698

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: FLORIDA STYLE SERVICES, INC.

**Current Principal Place of Business:**

17252 ALICO CENTER RD.  
SUITE 2  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

17252 ALICO CENTER RD.  
SUITE 2  
FORT MYERS, FL 33912 US

**New Mailing Address:**

FEI Number: 65-0850383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOTITZKY, EDWARD L  
223 TAYLOR STREET  
PUNTA GORDA, FL 33950 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CASMAN, DAVID M  
Address: 2422 SOUTHEAST 28TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: BOWMAN, WILLIAM T  
Address: 7238 HENDRY CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: NELSON, GEORGE  
Address: 5812 SW 1ST PL  
City-St-Zip: CAPE CORAL, FL 33904

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BOWMAN

VP

03/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date