

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062698

FILED
Mar 27, 2009
Secretary of State

Entity Name: FLORIDA STYLE SERVICES, INC.

Current Principal Place of Business:

26475 EAGLE BLVD.
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

12400 TAMIAMI TRAIL
SUITE 101
PUNTA GORDA, FL 33955

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

Name and Address of Current Registered Agent:

GREALD LEVY JD, CPA, PA
1426 SE 44TH STREET
CAPE CORAL, FL 33904 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: DP () 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM TOD BOWMAN

VP

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date