

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J91770

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC3780876762**

**Entity Name:** INTERNATIONAL LOCATOR SERVICE, INC.

**Current Principal Place of Business:**

1618 ROBIN HOOD LANE  
CLEARWATER, FL 33764

**Current Mailing Address:**

P. O. BOX 5031  
CLEARWATER, FL 33758

**FEI Number: 59-2847757**

**Certificate of Status Desired: No**

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

TRAYLOR, PAT  
1618 ROBIN HOOD LANE  
CLEARWATER, FL 33764 US

*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

**Officer/Director Detail :**

Title PSTD  
Name TRAYLOR, PAT  
Address 1618 ROBIN HOOD LANE  
City-State-Zip: CLEARWATER FL 33764

Title DIRECTOR  
Name MCLANE, SARA E  
Address 275 N. CLEARWATER-LARGO ROAD  
City-State-Zip: LARGO FL 33770

Title VP  
Name BLUTE, TORI  
Address 1618 ROBIN HOOD LANE  
City-State-Zip: CLEARWATER FL 33764

*I hereby 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 all other like empowered.*

**SIGNATURE: PAT TRAYLOR**

**PRESIDENT**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date