

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000009458

**Entity Name:** ADVISOR SERVICES, INC.

**Current Principal Place of Business:**

2170 W SR 434, STE 214  
LONGWOOD, FL 32779

**Current Mailing Address:**

2170 W SR 434, STE 214  
LONGWOOD, FL 32779 US

**FEI Number:** 59-3695234

**Certificate of Status Desired:** No

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

BATEMAN, TIM  
2170 W SR 434, STE 214  
LONGWOOD, FL 32779 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            PTS  
Name            BATEMAN, TIMOTHY  
Address        536 DEW DROP COVE  
City-State-Zip: CASSELBERRY FL 32707

Title            V  
Name            MCCONNELL, BARRY  
Address        207 HICKORY DR  
City-State-Zip: LONGWOOD FL 32779

*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:** TIMOTHY BATEMAN

**PRESIDENT**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date