

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000018803

**Entity Name:** A-1 FACILITIES SERVICES INC.

**Current Principal Place of Business:**

114 CLOVER LANE  
LONGWOOD, FL 32750

**Current Mailing Address:**

114 CLOVER LANE  
LONGWOOD, FL 32750 UN

**FEI Number:** 27-5252483

**Certificate of Status Desired:** Yes

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

BUSH, PATRICIA  
114 CLOVER LANE  
LONGWOOD, FL 32750 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            PRES  
Name            BUSH, PATRICIA A  
Address        114 CLOVER LANE  
City-State-Zip: LONGWOOD FL 32750

*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:** PATRICIA BUSH

**PRESIDENT**

**01/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date