


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 312156 1. Entity Name FACILITY SERVICES, INC.	
---	--

Principal Place of Business % JOHN J MERCURIO, CPA 713 S ORANGE AVE SARASOTA, FL 34236-7717	Mailing Address % JOHN J MERCURIO, CPA 713 S ORANGE AVE SARASOTA, FL 34236-7717
--	--



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1166563

Applied For	Not Applicable
-------------	----------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MERCURIO, JOHN
713 S ORANGE AVE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICOSOLA, MARY JANE 1960 HILLVIEW STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICOSOLA, MICHAEL A 1960 HILLVIEW STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERCURIO, JOHN 713 S. ORANGE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000004938
01/15/04-80034-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Mercurio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04 (941) 953-4585
Date Daytime Phone #