

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 390891
1. Entity Name
PROPERTY SERVICES, INC.



Principal Place of Business — Mailing Address
8641 BAYPINE ROAD SUITE 1 JACKSONVILLE FL 32256 **8641 BAYPINE ROAD SUITE 1 JACKSONVILLE FL 32256**



2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)
4. FCI Number **59-1417234** Applied For Not Applicable

6. Name and Address of Current Registered Agent
**REGISTER, S W, JR
8641 BAYPINE RD
STE 1
JAX FL 32256**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 DATE **4/27/06**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO REGISTER, SIDNEY W. JR 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000559542 ☐ Change ☐ Add 05/18/06-80003-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RETFERFORD, BOB III 4944 MARINER POINT DR JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000554683 ☐ Change ☐ Add 05/15/06-80003-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REGISTER, SIDNEY W. JR. 8641 BAYPINE ROAD JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all address, with all other like empowered.

SIGNATURE: **S. W. Register, Jr.** **4/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR