


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 416249 1. Entity Name JOHN REMUS SERVICES INC	
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Principal Place of Business
**114 S.E. 2ND STREET
P.O. BOX 67
DELRAY BEACH, FL 33447**

Mailing Address
**114 S.E. 2ND STREET
P.O. BOX 67
DELRAY BEACH, FL 33447**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1435673	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REMUS, JOHN DUDLEY
35 SE 7TH AVE APT 7
114 SE 2ND STREET
DELRAY BEACH, FL 33444**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VD REMUS, MARY M. 114 S.E. 2ND STREET DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMUS, JOHN DUDLEY 35 SE 7TH AVE. APT. 7 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REMUS, RODNEY 11452 2ND ST DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REMUS, CARL 14725 MAHOGANY COURT MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000474673
04/04/06-80033-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06