## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # 482694



**FILED** Feb 28, 2008 8:00 am Secretary of State

1. Entity Nam	e	INTING SERVICES	S, INC.			02-28-200	8 90009	009 ***1:	50.00
Principal Place of Business			Mailing Address		<u> </u>				
P.O. BOX 9449 Winter Haven, Fl 33883-9449			P.O. BOX 9449 Winter Haven, FL 33883-9449						
			La Maria						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 208 Aviation Drive					CO ALEO CIAN CIAN	IEE U HEI
Suite, Apt. #, etc.			Suite, Apt. #, etc.		02262008	Chg-P	CR2E	034 (12/06)	
City & State			City & State Winter Haven, Florida		4. FEI Numb			<u> </u>	plied For t Applicable
Zip		Country	Zip 33881-1133	Country USA	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registered Agent		7. Name and	Address of New I	Registered	Agent	
PARKER,	WILLIAM	С			Victor W				
211 SIXTH STREET S.E. WINTER HAVEN, FL 33880			Street Addres		ress (P.O. Box Numb 208 AV1a1	er is Not Acceptable	ve ve	· <del></del>	
				City Wi	nter Have	-n	§ FL	Zip-Ced	31-1133
			or the purpose of changing its						
the obligat	tions of regis	J		1.21	-// //		n - 1	26 2	
1	Vict	or W. Tate	lman //	10/45 11.	saver		reb.	26, 2	008
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature r	required when reinstating)		DATE		
	Signature, typed	FEE IS \$150.00	9. Election Campaig Trust Fund Contr	gn Financing ibution.	\$5.00 May Be Added to Fees				
FIL After M:	E NOWIII ay 1, 200	d or printed name of registered agent	9. Election Campaig Trust Fund Contr DIRECTORS	gn Financing libution.	\$5.00 May Be Added to Fees	/CHANGES TO OF			
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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 supplimental 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: Victor A. Jackman

Victor W. Tatelman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08

(863) 293-9006

Daytime Phone #