2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 746744

1. Entity Name
CENTERS RESI-SERV, INC.

Principal Place of Business	Mailing Address
11115 N. NEBRASKA AVE. TAMPA, FL 33612	11115 N. NEBRASKA AVE. TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1906179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, LYNWOOD
400 N TAMPA STREET
SUITE 2450
TAMPA, FL 33602

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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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ITIALIANO, JANE
STREET ADDRESS	P.O. BOX 18425
CITY-ST-ZIP	TAMPA, FL 336798425
TITLE	D
NAME	SCOTT, RHON JR.
STREET ADDRESS	19095 SO. TAYLOR RD.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	PD
NAME	ARNOLD, LYNWOOD F
STREET ADDRESS	400 N TAMPA STREET, STE #2450
CITY-ST-ZIP	TAMPA, FL 336025126
TITLE	D
NAME	STONE, HARRIET
STREET ADDRESS	115 PHILLIPS DR.
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	D
NAME	LOWE, RITA
STREET ADDRESS	2403 S. ARDSON PL.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000235484
02/19/05-80006-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ PRESIDENT 2/15/05 813-224-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #