

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90214 004 ****61.25

DOCUMENT # 751258 1. Entity Name SVC I, INC.																																																																																																																													
Principal Place of Business 6146 CLARK CENTER AVE SARASOTA, FL 34238 US				Mailing Address 6146 CLARK CENTER AVE SARASOTA, FL 34238 US																																																																																																																									
2. Principal Place of Business 2848 Proctor Road Suite, Apt. #, etc.		3. Mailing Address 2848 Proctor Road Suite, Apt. #, etc.																																																																																																																											
City & State Sarasota, FL Zip 34231 Country USA		City & State Sarasota, FL Zip 34231 Country USA		4. FEI Number 59-2098931																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC 6146 CLARK CENTER AVE SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name MILLER MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2848 Proctor Road City Sarasota FL Zip Code 34231																																																																																																																										
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 4-18-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCDEVITT, ALICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6329 APPROACH ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34238</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOYER, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6351 APPROACH RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34238</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ENOS, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6341 APPROACH RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34238</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLAIR, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6313 APPROACH RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34238</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HALE, WARREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6327 APPROACH RD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA, FL 34238</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MCDEVITT, ALICE		STREET ADDRESS	6329 APPROACH ROAD		CITY - ST - ZIP	SARASOTA, FL 34238		TITLE	VD	<input type="checkbox"/> Delete	NAME	MOYER, RICHARD		STREET ADDRESS	6351 APPROACH RD.		CITY - ST - ZIP	SARASOTA, FL 34238		TITLE	TD	<input type="checkbox"/> Delete	NAME	ENOS, RICHARD		STREET ADDRESS	6341 APPROACH RD		CITY - ST - ZIP	SARASOTA, FL 34238		TITLE	SD	<input type="checkbox"/> Delete	NAME	BLAIR, ROBERT		STREET ADDRESS	6313 APPROACH RD.		CITY - ST - ZIP	SARASOTA, FL 34238		TITLE	D	<input type="checkbox"/> Delete	NAME	HALE, WARREN		STREET ADDRESS	6327 APPROACH RD.		CITY - ST - ZIP	SARASOTA, FL 34238		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 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: Richard Enos 4-18-06 941-923-5811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													