


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001771 1. Entity Name SERVICE UNITED STATES CORPORATION	
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Principal Place of Business 202 N. MAIN STREET NATICK, MA 01760	Mailing Address 202 N. MAIN STREET NATICK, MA 01760
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02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2631184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinscaling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	DPS O'FLAHERTY, KEVIN 106 HOLLINGSWORTH AVENUE BRAINTREE, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD WEINTRAUB, ROBERT 74 STEARNS ROAD MARLBORO, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'FLAHERTY, KEVIN 202 NORTH MAIN STREET NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINTRAUB, ROBERT 202 NORTH MAIN STREET NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/11/05-80005-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 line empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05
Date

617-573-0020
Daytime Phone #