


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90084 044 \*\*\*150.00

<b>DOCUMENT # F01000000225</b> 1. Entity Name AMERI-FORCE MANAGEMENT SERVICES, INC.					
Principal Place of Business 9485 REGENCY SQ BLVD SUITE 340 JACKSONVILLE, FL 32225			Mailing Address 9485 REGENCY SQ BLVD SUITE 340 JACKSONVILLE, FL 32225		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  SELF, DONALD R 9485 REGENCY SQ BLVD SUITE 340 JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <u>Don Self</u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div>           DATE <u>1/11/08</u>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURSO, SEBASTIAN P 9485 REGENCY SQ BLVD STE 340 JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>See Attachment "A"</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SELF, DONALD R 9485 REGENCY SQ BLVD STE 340 JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>MSA</u> <u>Don Self</u> <u>1/11/08</u> <u>948501452</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

40008381

Attachment A

#F0100000225

Schedule of Officers and Directors  
Ameri-Force Management Services, Inc

Title: P/D  
Name: Keenan, Mike  
Address: 9485 Regency Square Boulevard, Suite 300  
City-ST-Zip: Jacksonville, FL 32225

Title: S/T  
Name: Self, Don  
Address: 9485 Regency Square Boulevard, Suite 300  
City-ST-Zip: Jacksonville, FL 32225

Title: D  
Name: Turso, Sal  
Address: 9485 Regency Square Boulevard, Suite 300  
City-ST-Zip: Jacksonville, FL 32225

Title: D  
Name: Arbizzani, John  
Address: 9485 Regency Square Boulevard, Suite 300  
City-ST-Zip: Jacksonville, FL 32225