

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000003303

1. Entity Name  
 SERVIT, INC.



Principal Place of Business  
 300 TOWNPARK DR., STE. 100  
 KENNESAW, GA 30144

Mailing Address  
 PO BOX 440307  
 KENNESAW, GA 30160



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 58-2460098 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	CP MERENDINO, TONY 1490 WIMBLEDON DR. KENNESAW, GA 30144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP CAMPBELL, MARK 8067 E. CHEROKEE RD. SYRACUSE, IN 46567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NORMAN, KARI 501 GLEN ARDEN WAY MARIETTA, GA 30068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000368714  
 05/16/05-80003-016 150.00

**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)(f), 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: \_\_\_\_\_ Date: 4/30/05 Daytime Phone #: 770-794-0219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR