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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005103 1. Entity Name GUEST SERVICES - EVERGLADES, INC.	
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Principal Place of Business 3055 PROSPERITY AVENUE FAIRFAX, VA 22031-2290	Mailing Address 3055 PROSPERITY AVENUE FAIRFAX, VA 22031-2290
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FILED
07 APR 26 PM 2:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 53-0164700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRYS, GERARD T 3712 KRYSIA CT ANNANDALE, VA 22003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARQUIS, JEFFREY A 3274 PONE RIDGE WAY OAKTON, VA 22124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERNER, DOUGLAS H 6612 STRUTTMANN LANE ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALLAGAN, RONALD T 1900 VARGO COURT MCLEAN, VA 22101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STONER, RODNEY G 300 WEST MAIN ST WHITE SULPHUR SPRINGS, WV 24986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, GERALD W 15 ISLE OF VENICE, #3 FT LAUDERDALE, FL 33301

500103025655 05/22/07--01035--011 **500.00
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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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JEFFREY A. MARQUIS VICE PRESIDENT/TREAS	04/10/2007 (703) 849-9350 Date Daytime Phone #
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