## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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F0300001051 (2)

DOCUI 1. Corporation	MENT # <b>F9300</b>	0001051 (2)	)				
i. Corporation	O SERVICES, INC.	•	•				
Principal Place of Business Mailing Address			I FARINAD HIJO FONDO AFRIF ORINA ODIN	i nom komunema india	9910: DIST: 1191 \$801		
9800 CENTE SUITE 850	re parkway	9800 CENTRE PARKWA SUITE 850	NΥ				
HOUSTON 1	TX 77036	HOUSTON TX 77036			3 Data tanasasatada O effed	100 Barrellan	D1
					3. Date Incorporated or Qualified 02/25/1993	3a. Date of Last 05/16/	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite Apt 1	# ptc	Suite Apt # etc			76-0383814		Not Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	75 Additional e Required
City & State	]	City & State			6. Election Campaign Financing	\$5.	.00 May Be
<b>23</b> Zio	Country	28 Zip	Counts		Trust Fund Contribution		ded to Fees
24	<b>25</b>	<del></del>	Country 30	,	8. This corporation has liability for in Florida Statutes  Yes		s 199.032,
	9. Name and Address of Current	-L1			10. Name and Address of New Ri		
			81	Name			
	PROPORATION SYSTEM		82	Street Add	fress (P.O. Box Number is Not Acceptabl	e)	
	. Pine Island Rd. Ation FL 33324		83				
LONG	ANOTH I E GOOLY		04	0.5			
			84	Gity			Zip Code
or registers	ed agent, or both, in the State of Florida	a. Such change was authorized	, the above-	named corpo	oration submits this statement for the purp and of directors. I hereby accept the appo	ose of changing its	s registered office
familiar wit	h, and accept the obligations of, Section	n 607.0505, Florida Statutes.	,		and the second second the separation of the second		Jo agoni. Tan
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Ager	nt signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	FORS IN 12
TiTLE	DCT	☐ DELETE	1, 1 TITLE			☐ Change	e 🔲 Addition
NAME PERCET ADDRESS	BAKER, LARRY JR. 9800 CENTRE PKWY., STE. 8	rso.	1.2 NAME	1000505			
STREET ADDRESS CITY-ST-ZIP	HOUSTON TX 77036	30	1.3 STREET				
TITLE	D	DELETE	2 1 TITLE	51-21F		☐ Change	e Addition
NAME	BAKER, LARRY SR.		2.2 NAME			_	
STREET ADDRESS	9800 CENTRE PKWY., STE. 8	50	2.3 STREET	ADDRESS			
CITY ST-ZIP	HOUSTON TX 77036		2.4 CITY - 9	ST-ZIP			
TrTLE	DVP	DELETE	3 1 TITLE			☐ Change	e 🔲 Addition
NAME	BAKER, RUSSELL 9800 CENTRE PKWY., STE. 8	ien.	3 2 NAME				
STREET ADDRESS	HOUSTON TX 77036	30	3 3. STREE				
CITY-ST-ZIP T:TLE	P	DELETE	3.4 CITY - S 4 1 TITLE	51 - ZIP		☐ Change	e
NAME	Greer, B. J.		4.2 NAME				,
STREET ADDRESS	9800 CENTRE PKWY., STE. 8	50	4.3 STREET	ADDRESS			٠
CITY - ST - ZIP	HOUSTON TX 77036		4.4 CITY - S	1			
TITLE	S	☐ DELETE	5 1 TITLE			☐ Change	e 🔲 Addition
NAME	POWELL, TOM		5.2 NAME	ĺ			
STREFT ADDRESS	9800 CENTRE PKWY., STE. 8	50	5.3 STREET	ADDRESS			
CITY-S1-ZIP	HOUSTON TX 77036		5 4 CITY-S	ST-ZIP			-
TITLE	VPO HALEY, JOHN	DELETE	6 1 TITLE			☐ Change	e
NAME STREET ADDRESS	9800 CENTRE PKWY., STE. 8	<del>ና</del> ስ	6.2 NAME	ADDDCCC			
CHTY-ST-ZIP	HOUSTON TX 77036	00	6.3 STREET 6.4 City - S				
0011101120			0.4 UH F - S	11-11			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an automent with an address.

SIGNATURE: