

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90022 016 ***150.00

DOCUMENT # G09210

1. Entity Name
VIASYS SERVICES, INC.



Principal Place of Business
26 LAKEWIRE DRIVE
LAKELAND, FL 33815 US

Mailing Address
26 LAKEWIRE DRIVE
LAKELAND, FL 33815 US

40040001

2. Principal Place of Business - No P.O. Box #
2944 Drane Field Rd
Suite, Apt. #, etc.

3. Mailing Address
2944 Drane Field Rd
Suite, Apt. #, etc.



02232007 Chg-P CR2E034 (12/06)

City & State
Lakeland, FL
Zip
33811
Country
USA

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Lakeland, FL
Zip
33811
Country
USA

4. FEI Number
59-2234741
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 SOUTH PINE ISLAND ROAD-TEAM 1
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 remitting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, BILLY V	
STREET ADDRESS	1117 PERIMETER CENTER WEST	
CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	SMITH, RAYMOND J	
STREET ADDRESS	1117 PERIMETER CENTER WEST	
CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HALL, GERRY W	
STREET ADDRESS	1117 PERIMETER CENTER WEST	
CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, RAYMOND J	
STREET ADDRESS	1117 PERIMETER CENTER WEST	
CITY-ST-ZIP	ATLANTA, GA 30338	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, ANDREA	
STREET ADDRESS	26 LAKE WIRE DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	BENAVIDES, ROGER	
STREET ADDRESS	26 LAKE WIRE DRIVE	
CITY-ST-ZIP	LAKELAND, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Hemrich	
STREET ADDRESS	2944 Drane Field Rd	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Recker	
STREET ADDRESS	2944 Drane Field Rd.	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Allen	
STREET ADDRESS	2944 Drane Field Rd.	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

3-22-07 803-607-9988