

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90209 008 ***150.00

DOCUMENT # H42556

1. Entity Name
LAUREL SERVICE CORP.



Principal Place of Business
**150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789**

Mailing Address
**150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789**



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2530899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON IV, JOSEPH D.
150 OXFORD ROAD
FERN PARK, FL 32730**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD ROBINSON, JOSEPH D., IV 150 OXFORD ROAD FERN PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUTTS, ROBERT T. 150 OXFORD ROAD FERN PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RIDGWAY, JANET 705 YOUNGSTOWN PKWY #359 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'RILEY, PEG 3606 PINE RIDGE RD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(i), 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

Joseph D. Robinson, IV

2/23/05

407-831-2211

Date

Daytime Phone #