

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90015 004 ***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**

00004823



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2530899

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____ (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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

Joseph D. Robinson, IV (**JOSEPH D. ROBINSON, IV**)

3/21/06 407-831-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #