2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-09-2006 90110 023 ***150.00 DOCUMENT # J03326 1. Entity Name FEOLA'S SERVICE CENTER, INC. Principal Place of Business Mailing Address 7835 RUTILIO COURT 7835 RUTILIO COURT P.O. BOX 636 P:0: BUX 636 PORT RICHEY EL 34672-0636 -PORT RICHEY, FL 34673-0636 No Chg-P CR2E034 (11/05) 01202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2666934 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEKELSKY, FRANK III DO NOT WRITE 2423 HOLSTON AVENUE SPRING HILL, FL 34608 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 egiste SIGNATURE. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE SEKELSKY, FRANK III NAME STREET ADDRESS 2423 HOLSTON AVE. SPRING HILL, FL CITY-ST-ZIP New VΡ TM F SEKELSKY, GERALDINE D NAME 2423 HOLSTON AVE. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL TITEF NAME SEKELSKY, FRANK IV STREET ADDRESS 8241 WARBLER RD CITY-ST-ZIP BROOKSVILLE, FL 34613 Feola's Service Center, Inc. TITLE SUPUTO, VINCENT NAME P.C. Box 478 P.O. BOX 636 STREET ADDRESS New Port Richey, FL 34656-0478 CITY-ST-ZIP PORT RICHEY, FL 34673 TITL F 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:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04 (127) 847-3339

FILED Feb 09, 2006 8:00 am

Secretary of State

Daytime Phone