2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J51065

1. Entity Name

PRISM SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
3918 NEEDLE PALM PLACE OVIEDO, FL 32765	3918 NEEDLE PALM PLACE OVIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2756736	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOSNELL, JERRY L.
7700 WICKLOW CIRCLE
ORLANDO, FL 32817

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, 2006 Fee will be $550.00

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

U00000526385
05/04/06-80071-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PVTS	
NAME	GOSNELL, JERRY LYNN	
STREET ADDRESS	7700 WICKLOW CIRCLE	
CITY-ST-ZIP	ORLANDO, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: _Jerry L. Gosnell_   4/17/06   407-679-2457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #