

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90290 035 ***150.00

DOCUMENT # J57367

1. Entity Name
A. SERVICE, INC.



Principal Place of Business

3700 GEORGIA AVE
WEST PALM BEACH, FL 33405
312 PINE RIDGE CIR., A2
GREENACRES, FL 33463

Mailing Address

312 PINE RIDGE CIR., APT A2
LAKE WORTH, FL 33463 US



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2784722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FITZELL, ARTHUR
312 PINE RIDGE CIR., APT A2
LAKE WORTH, FL 33463

**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**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | PD |
| NAME | FITZELL, ARTHUR |
| STREET ADDRESS | 312 PINE RIDGE CIR., APT A2 |
| CITY-ST-ZIP | LAKE WORTH, FL 33463 |
| TITLE | VST |
| NAME | FITZELL, DORIS |
| STREET ADDRESS | 312 PINE RIDGE CIR., APT A2 |
| CITY-ST-ZIP | LAKE WORTH, FL 33463 |
| TITLE | D |
| NAME | FITZELL KEVIN |
| STREET ADDRESS | 312 PINE RIDGE CIR. A2 |
| CITY-ST-ZIP | LAKE WORTH, FL 33463 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Doris Fitzell* **DORIS FITZELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27/06 (561) 588-1213

Date

Daytime Phone #