## **2008 FOR PROFIT CORPORATION**

## Feb 11, 2008 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # J67148** 02-11-2008 90059 041 \*\*\*150.00 1. Entity Name RESIDENTIAL SERVICES, INC. Principal Place of Business Mailing Address 4972 SO. HAMMOCK RD. P.O. BOX 737 SEBRING, FL 33870 ZOLFO SPRINGS, FL 33890 No Chg-P CR2E034 (11/05) 01282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2810012 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABLES, CLIFFORD M II DO NOT WRITE 130 E. CENTER ST SEBRING, FL 33870 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PS TITI F RIVARD, MARK R STREET ADDRESS 6604 7TH AVE W CITY+ST-ZIP SEBRING, FL 33870 TITLE NAME STREET ADDRESS CITY-ST-ZIP EITI F STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME 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 in changed, or on an attachment yields, with all other like empowered.

TITLE  $q_{\mathrm{LSS}}$  . NAME STREET ADDRESS CITY-ST-ZIP 4.1

R OR DIRECTOR

FILED