

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90002 024 ***550.00

DOCUMENT # J84908

1. Entity Name

STATEWIDE MICROSCOPE SERVICE INC.



Principal Place of Business

4851 NW 103RD AVENUE
#50
SUNRISE, FL 33351

Mailing Address

4851 NW 103RD AVENUE
#50
SUNRISE, FL 33351

50066377



09072005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2261629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIFONE, RHONDA
10807 NW 42 CT
SUNRISE, FL 33351

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GERIG, JERRY L
STREET ADDRESS 4851 NW 103RD AVENUE #50
CITY-ST-ZIP SUNRISE, FL 33351

TITLE VP
NAME CIFONE, RHONDA
STREET ADDRESS 10807 NW 42 CT
CITY-ST-ZIP SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/05 954-817-4551