2008 FOR PROFIT CORPORATION

FILED Mar 06, 2008 08:00 AN ıte

ANNUAL REPORT				100, 2000 00.0
DOCUMENT # K53990	-			Secretary of Sta
1. Entity Name	SEDVICES INC			
HEINZ BROTHERS OUTDOOR, S	BERVICES, INC.			
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Principal Place of Business	Mailing Address			
4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32309 US	4140 BRADFORDVILLE ROAD Tallahassee, FL 32309) US		
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•			01292008 No Chg-P	CR2E034 (11/05)
DO NOT WRIT	CE	4. FEI Number	Applied For	
		59-2922630	Not Applicable	
			- 5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Cur	rent Registered Agent			
HEINZ, THOMAS LEE		DO NOT WI	RITE	
4140 BRADFORDVILLE ROAD TALLAHASSEE, FL 32308- 32309				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		IN THIS SP	ACE
8. The above named entity submits this stateme	nt for the purpose of changing its registe	ered office or registe	red agent, or both, in the State of Flor	ida. I am familiar with, and accept
the obligations of registered agent.			_	
SIGNATURE Significant typed or printed name of registered in	errent and title if Apicable. (NOTE: Registe	1AS L.HE/	NZ J	-/3-08
·		See Age. It signature recome	(Tribe i Grissian gy	22
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$5	50.00 Flection Campaign Fin. Trust Fund Contribution		.00 May Be ed to Fees	
	AND DIRECTORS			
TITLE DP				
NAME HEINZ, THOMAS LEE STREET ADDRESS 1454 LLOYDS COVE RD				
CITY-ST-ZIP TALLAHASSEE, FL 32312			. በተገማጠማማ	ነ ለመጣ ላማ ነ
TIPLE TS		-	U0000000 	343041 56665_665 156 66
NAME HEINZ, MARY THERESA		Į	03/21/007	20003_00v ran' ca
STREET ADDRESS 1454 LLOYDS COVE RD		1		
CITY-ST-ZIP TALLAHASSEE, FL 32312		_i		•
TITLE				
NAME CINCET (DDDGGG			,	
STREET ADDRESS	· •		DO NOT W	RITE"
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NAME			IN THIS SP	ACE
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CITY-ST-ZIP				,
TITLE '				·
NAME ·		1		
STREET ADDRESS		1		, ,
CHY CL 7D I		_		1

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 en address, with all the like-empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

INCOME AND TYPE OR PRINTED NAME OF SIGNING PRICER OR DIRECTOR