


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90071 037 ***150.00

DOCUMENT # K56928 1. Entity Name LONG'S SERVICES, INC.	
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Principal Place of Business 1 AIR TERMINAL PKWY MELBOURNE, FL 32901 US	Mailing Address LONG'S SERVICES, INC 4057 S CHICKASAW TR ORLANDO, FL 32829 US
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2935512	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LONG, A.B. 4057 S CHICKASAW TR ORLANDO, FL 32829
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**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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LONG, A.B. 4057 S CHICKASAW TRAIL ORLANDO, FL 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LONG, SHAFFIE B. 4057 S CHICKASAW TRAIL ORLANDO, FL 32829
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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: AB Long AB Long 4-13-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #