

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90023 038 ***150.00

DOCUMENT # M70016 1. Entity Name GLOBE FACILITY SERVICES INC.																													
Principal Place of Business 780 94TH AVENUE NORTH SUITE 107 ST. PETERSBURG, FL 33702 US			Mailing Address 780 94TH AVENUE NORTH SUITE 107 ST. PETERSBURG, FL 33702 US																										
2. Principal Place of Business - No P.O. Box # 111 SECOND AVE. NE Suite, Apt. #, etc. SUITE 517		3. Mailing Address 111 SECOND AVE. NE Suite, Apt. #, etc. SUITE 517																											
City & State SAINT Petersburg, FL		City & State SAINT Petersburg, FL																											
Zip 33701		Country US		Zip 33701																									
Country US		4. FEI Number 59-2973013																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent SAUERS, MICHEL F 780 94TH AVENUE NORTH 111 SECOND AVE. NE SUITE 107 SUITE 517 ST. PETERSBURG, FL 33702 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <u>MICHEL F. SAUERS</u> DATE <u>3/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D FLASKAY, NICHOLAS 780 94TH AVENUE NORTH, SUITE 107 ST. PETERSBURG, FL 33702 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> PCDS SAUERS, MICHEL F 780 94TH AVENUE NORTH, SUITE 107 ST. PETERSBURG, FL 33702 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLASKAY, NICHOLAS 780 94TH AVENUE NORTH, SUITE 107 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDS SAUERS, MICHEL F 780 94TH AVENUE NORTH, SUITE 107 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 SECOND AVE. NE. SUITE 517 SAINT Petersburg, FL 33701 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 SECOND AVE NE, SUITE 517 SAINT Petersburg, FL 33701 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 SECOND AVE. NE. SUITE 517 SAINT Petersburg, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 SECOND AVE NE, SUITE 517 SAINT Petersburg, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Michel F. Sauer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/26/08</u> <u>787-456-1171</u> <small>Date Daytime Phone #</small>																										