

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14777

FILED  
Feb 07, 2007  
Secretary of State

**Entity Name:** FLORIDA REGIONAL SERVICE OFFICE, INC.

**Current Principal Place of Business:**

706 N INGRAHAM AVE  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

706 N INGRAHAM AVE  
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number:** 59-2467273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WADE, JONATHAN  
908 PENNSYLVANIA AVE  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONCALVES, AUGIE  
Address: 17305 SHERMAN RD.  
City-St-Zip: LUTZ, FL 33558

Title: VP ( ) Delete  
Name: BURKHARDT, MARC  
Address: 126 S. OLEANDER AVE #2  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S ( ) Delete  
Name: WINNING, SUSAN  
Address: 7015 SANDALWOOD DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete  
Name: WADE, JONATHAN  
Address: 908 PENNSYLVANIA AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: T ( ) Delete  
Name: KLEIN, MIKE  
Address: 5328 NW 9TH LANE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGIE GONCALVES

P

02/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date