2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N14777

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:	VP	(X) Change ( ) Addition
Name:	LEMOINE, ROBERT	
Address:	18 WINDING CREEK WAY	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SORKIN, JEFF	
Address:	8473 ZANZIBAR LANE	
City-St-Zip:	WEST PALM BEACH, FL 33414	

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN WADE D 01/16/2008

Electronic Signature of Signing Officer or Director — Date