

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000002721		JAN 24 2006			
1. Entity Name SERVICE METRO CORP.					
Principal Place of Business C/O PHILLIPS & COMPANY 3728 PHILLIPS HWY 39 JACKSONVILLE FL 32207 US		Mailing Address C/O PHILLIPS & COMPANY 3728 PHILLIPS HWY 39 JACKSONVILLE FL 32207 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3189968	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHILLIPS & COMPANY 3728 PHILLIPS HWY STE 39 JACKSONVILLE FL 32207				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	WARD, JAMES		NAME		
STREET ADDRESS	8255 SEDGEFIELD DR.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	ROBINSON, EARL D JR		NAME		
STREET ADDRESS	5694 GRANDE LAGOON BLVD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	HUNTER, CECIL T		NAME		
STREET ADDRESS	1330 E SCOTT STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other duly empowered.