

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90115 038 ***150.00

DOCUMENT # P00000024941																							
1. Entity Name SOPHIE'S SERVICES INC.																							
Principal Place of Business P O BOX 2824 CLEARWATER, FL 33757			Mailing Address P O BOX 2824 CLEARWATER, FL 33757																				
2. Principal Place of Business - No P.O. Box # P.O. BOX 1233		3. Mailing Address SAME																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State ELLENTON, FL		City & State		4. FEI Number 59-3628486																			
Zip 34222		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent PASEK, MICHAEL D 4851 85 AVE PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL Zip Code										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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</td> <td style="width: 60%;">M HUBERT, MARZENA</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>P.O. BOX 2824</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CLEARWATER, FL 33757</td> <td></td> </tr> </table>		TITLE	M HUBERT, MARZENA	Delete <input type="checkbox"/>	NAME	P.O. BOX 2824		STREET ADDRESS	CLEARWATER, FL 33757		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;">P.O. BOX 1233</td> <td style="width: 10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>ELLENTON, FL 34222</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>				TITLE	P.O. BOX 1233	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	ELLENTON, FL 34222		STREET ADDRESS		
TITLE	M HUBERT, MARZENA	Delete <input type="checkbox"/>																					
NAME	P.O. BOX 2824																						
STREET ADDRESS	CLEARWATER, FL 33757																						
TITLE	P.O. BOX 1233	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																					
NAME	ELLENTON, FL 34222																						
STREET ADDRESS																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>				TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS		
TITLE		Delete <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>				TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS		
TITLE		Delete <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>				TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS		
TITLE		Delete <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>		TITLE		Delete <input type="checkbox"/>	NAME			STREET ADDRESS			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> </table>				TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS		
TITLE		Delete <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>																					
NAME																							
STREET ADDRESS																							
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: <i>Marzena Hubert</i> MARZENA HUBERT PRES. 4/09/07 727-432-1177																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																							