

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90108 012 \*\*\*150.00

**DOCUMENT # P00000035250**

1. Entity Name  
**FEDERAL BACKGROUND SERVICES, INC.**



Principal Place of Business  
3285 LAKE WORTH RD  
SUITE H  
LAKE WORTH, FL 33461

Mailing Address  
PO BOX 6703  
LAKE WORTH, FL 33466-6703

**50028889**



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1000043

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALVAROSA, TOM  
3285 LAKE WORTH ROAD  
LAKE WORTH, FL 33461

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/10/05*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PHILLIP, LEONARD
STREET ADDRESS	1135 Anchor Pt
CITY-ST-ZIP	1301 WATERVIEW CIRCLE Delray Beach FL 33444
TITLE	V/P
NAME	Harvey TUCKER
STREET ADDRESS	1135 Anchor Point
CITY-ST-ZIP	Delray Beach FL 33444
TITLE	Sec/Treas
NAME	STEPHANE CLEMENT
STREET ADDRESS	2345 2nd way
CITY-ST-ZIP	WPA FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/10/05* 561 9699966