

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90109 026 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1000043	
Zip		Country		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			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature of officer or director or registered agent, or both, as applicable. (NOTE: Registered Agent signature required when registering.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME TUCKER, HARVEY STREET ADDRESS 1135 ANCHOR POINT CITY-ST-ZIP DELRAY BEACH, FL 33444	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE TRES NAME TUCKER, HARVEY STREET ADDRESS 1135 ANCHOR POINT CITY-ST-ZIP DELRAY BEACH, FL 33444	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE ST NAME CLEMENT, STEPHANIE STREET ADDRESS 2345 IDA WAY CITY-ST-ZIP WEST PALM BEACH, FL 33415	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:			Date: 3/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					