

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000097843

1. Entity Name
SEVAN LABOR SERVICES, INC



FILED

05 APR 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~5801 THOMAS DR, UNIT 801~~
~~PANAMA CITY BEACH, FL 32408~~

Mailing Address
~~5801 THOMAS DR, UNIT 801~~
~~PANAMA CITY BEACH, FL 32408~~

2. Principal Place of Business

6903 N. LAGOON DR

3. Mailing Address

P.O. Box 19468

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH

City & State

PANAMA CITY BEACH

Zip

32408

Country

BAY

Zip

32417

Country

04192005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3681602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KESAIAN, GAGIK
~~5801 THOMAS DR, UNIT 801~~
~~PANAMA CITY BEACH, FL 32408~~

7. Name and Address of New Registered Agent

Name
GAGIK KESAIAN

Street Address (P.O. Box Number is Not Acceptable)

6903 N. LAGOON DR

City

PANAMA CITY BEACH FL

Zip Code

32408

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)

04/28/05

DATE

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
NAME
D
KESAIAN, GAGIK
STREET ADDRESS
5801 THOMAS DR, UNIT 801
CITY - ST - ZIP
PANAMA CITY BEACH, FL 32408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6903 N. LAGOON DR
PANAMA CITY BEACH, 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP
600054120146
05/10/05--01003--010 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 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 #