2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P01000031351 1. Entity Name MANAGEMENT AND ADMINISTRATIVE SERVICES, INC. Principal Place of Business 943 SOUTHEAST FT KING STREET 0CALA, FL 34471 Mailing Address 943 SOUTHEAST FT KING STREET 0CALA, FL 34471

FILED
Apr 12, 2007 08:00 AN
Secretary of State

DO NOT WRITE IN THIS SPACE 03272007 No Chg-P CR2E034 (11/05)	Principal Place of Business 943 SOUTHEAST FT KING STREET OCALA, FL 34471		Mailing Address 943 SOUTHEAST FT KING STREET OCALA, FL 34471						
## Applied For Sp. 3710034 4. FEI Number Sp. 3710034 6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent FORE, MERRITT C JR 943 SOUTHEAST FT KING STREET OCALA, FL 34471 BOD NOT WRITE IN THIS SPACE 6. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OCALA, FL 34471 10. OCALA, FL								 	
S. Name and Address of Current Registered Agent FORE, MERRITT C JR 943 SOUTHEAST FT KING STREET OCALA, FL 34471 B. 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 at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TIME PORE, MERRITT C JR SYND NAME FORE, MERRITT C JR SYND NAME CAMP, GENE B SYND CALA, FL 34471 TILE NAME STREET ADDRESS OCALA, FL 34471 TILE TILE NAME STREET ADDRESS OCALA, FL 34471 TILE	DO NOT WRITE IN THIS COM			re.	03272007	No Chg-P	CR2E034	(11/05)	
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SIGNATURE Signature, typed or printed name of registered agent and rest if appricable. (NOTE: Registered Agent Bignature required when reintation) PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME FORE, MERRITT C JR 943 SOUTHEAST FT KING STREET OCALA, FL 34471 TITLE STVD CAMP, GENE B 943 SOUTHEAST FT KING STREET OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	943 SOUT	HEAST FT KING STREET				•			
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STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 informa	NAME STREET ADDRESS CITY-ST-ZIP		Sie Elles dans of Little		d in Chapter 440.	Elected Section 1	fushorosit		

12. Hereby certify that the information supplied with this filing does and qualify for the examptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental your 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 exacute 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 other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #