

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-24-2007 90004 006 \*\*\*150.00

40118393



<b>DOCUMENT # P01000086833</b> 1. Entity Name <b>FLORIDA STATE PROCESS SERVICE, INC.</b>			
Principal Place of Business <b>2500 HOLLYWOOD BOULEVARD SUITE #207 HOLLYWOOD, FL 33020-6615 US</b>		Mailing Address <b>2500 HOLLYWOOD BOULEVARD SUITE #207 HOLLYWOOD, FL 33020-6615 US</b>	
2. Principal Place of Business - No P.O. Box #  <b>7974 Merano Reef Lane Boynton Beach, FL 33467</b>		3. Mailing Address <b>6615 Boynton Beach Blvd. #322 Boynton Beach, FL 33437</b>	
Zip <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1140309</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GOSHGARIAN, JOHN P ESQ. 707 S.E. 3RD AVENUE SUITE #500 FT. LAUDERDALE, FL 33302</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; text-align: center; line-height: 100px; margin: 10px auto;">           SAME         </div> <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>5/21/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HAMMACK, JAMES W PV 2500 HOLLYWOOD BOULEVARD, SUITE #207 HOLLYWOOD, FL 330206615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hammack James W. - PV 6615 Boynton Beach Boulevard #322 Boynton Beach, FL 33467</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMMACK, SUSAN W ST 2500 HOLLYWOOD BOULEVARD, SUITE #207 HOLLYWOOD, FL 330206615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hammack Susan W. - ST 6615 Boynton Beach Boulevard #322 Boynton Beach, FL 33467</b>
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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 <b>5/21/07</b> <small>Daytime Phone #</small>	