

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90187 040 ***150.00



DOCUMENT # P01000103423
 1. Entity Name
INTEGRITY OUTDOOR SERVICES, INC.

Principal Place of Business Mailing Address
951 COUNTRY CLUB BLVD **951 COUNTRY CLUB BLVD**
CAPE CORAL FL 33990 **CAPE CORAL FL 33990**



2. Principal Place of Business 3. Mailing Address
11934 ROYAL TEE CIRCLE **11934 ROYAL TEE CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State
CAPE CORAL FL **CAPE CORAL FL**
 Zip Country Zip Country
33991 USA **33991 USA**

4. FEI Number Applied For
65-1154313 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHARF, GARY D
951 COUNTRY CLUB BLVD
CAPR CORAL FL 33990

7. Name and Address of New Registered Agent
 Name **GARY D. SCHARF**
 Street Address (P.O. Box Number is Not Acceptable)
11934 ROYAL TEE CIRCLE
 City State Zip Code
CAPE CORAL FL 33991

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: *Gary D. Scharf* DATE: **2-17-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SCHARF, GARY D 951 COUNTRY CLUB BLVD CAPR CORAL FL 33990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWASKA, JOHN 951 COUNTRY CLUB BLVD CAPR CORAL FL 33990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY D. SCHARF 11934 ROYAL TEE CIRCLE CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: *Gary D. Scharf* DATE: **2-17-05** DAYTIME PHONE #: **239-633-6965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #