

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90365 025 \*\*\*150.00

**DOCUMENT # P02000012985**

1. Entity Name  
**NATIONWIDE SERVICES PROVIDER, INC.**



Principal Place of Business  
**6730 SW 129 LP  
OCALA, FL 34473**

Mailing Address  
**6730 SW 129 LP  
OCALA, FL 34473**

**00000000**

2. Principal Place of Business

**PO Box 770893**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 770893**

Suite, Apt. #, etc.

03272006

Chg-P

CR2E034 (11/05)

City & State

**Ocala FL**

City & State

**Ocala FL**

4. FEI Number

**55-0828055**

Applied For

Not Applicable

Zip

**34477**

Country

**US**

Zip

**34477**

Country

**US**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, YAZMIN  
6730 SW 129 LP  
OCALA, FL 34473**

7. Name and Address of New Registered Agent

Name **Ramos, Yazmin**

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

**10510 SW 47 AVE**

City

**Ocala**

FL

Zip Code

**34476**

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Yazmin Ramos**

**3/20/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 STREET ADDRESS CITY - ST - ZIP	DP RAMOS, YAZMIN 6730 SW 129 LP OCALA, FL 34473	<input type="checkbox"/> Delete <b>Change of address</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GONZALEZ, FRANCIS 14590 SW 43 CT. RD. OCALA, FL 34473	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GONZALEZ, NELSON 14590 SW 43 CT. RD. OCALA, FL 34473	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRV SMALLWOOD, BRIAN 10727 SW 45 AVE. OCALA, FL 34476	<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	DP Ramos, Yazmin 10510 SW 47 AVE Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/06**

**352-342-5372**

Daytime Phone #