


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000018458 1. Entity Name FUNDAMENTAL FINANCIAL SERVICES, INC.	
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Principal Place of Business 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772	Mailing Address 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772
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DO NOT WRITE IN THIS SPACE



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0614606	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPP, KATHLEEN L
7777 SEMINOLE BLVD, 2ND FLOOR
SEMINOLE, FL 33772

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KNAPP, KATHLEEN L 7777 SEMINOLE BLVD, 2ND FLOOR SEMINOLE, FL 33772
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08/07/06-90006-010 150.00

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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: Kathleen L. Knapp KATHY L. KNAPP, PRESIDENT 8-406 727-394-8485
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #