## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 26, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # P0200001897 SERVICES, INC.	<b>72</b> -			ary or source
Principal Place of Business Mailing Address ONE SAN JOSE PLACE, SUITE 25 JACKSONVILLE, FL 32257  Mailing Address ONE SAN JOSE PLACE, SUITE 25 JACKSONVILLE, FL 32257			5		
	O NOT WRITE I	N THIS SPA	CE	4. FEI Number 04-3604340	CR2E034 (11/05)  Applied For Not Applicable  \$8,75 Additional
	6. Name and Address of Current Reg	Stered Agent		5. Certificate of Status Desired	Fee Required
JACOBS, JEFFREY M C.P.A. ONE SAN JOSE PLACE, SUITE 25 JACKSONVILLE, FL 32257			DO NOT W IN THIS SP		
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 time it amplicable.  PRILE NOW!!! FEE IS \$150.00  Q. Election Campaign Financing  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees					
10.	OFFICERS AND DIRI	CTORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAROUTAS, PANOS PAUL ONE SAN JOSÉ PLACE, SUITE 25 JACKSONVILLE, FL 32257		e stationizacji i	Marian Species	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACOBS, JEFFREY M ONE SAN JOSE PLACE, SUITE 25 JACKSONVILLE, FL 32257			05,/9 <b>8</b> /06	1536610 -90100-022 150. <b>00</b>
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NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SF	•
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12. I hereby certify that the information supplied with this filling 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 eccurate 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:

STREET ADDRESS CITY-ST-ZIP

END PRINTED AME OF SIGNING OFFICER OR DIRECTOR