2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P02000035270 1. Entity Name AT YOUR SERVICE OF SW FL, INC. Principal Place of Business Mailing Address 7140 APPLEBY DR 7140 APPLEBY DR NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State Applied For 4. FEI Number 04-3638041 Not Applicable 7_{in} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo VASQUEZ, ERIC J ESQ. Street Address (P.O. Box Number is Not Acceptable) 900 6TH AVENUE SOUTH SUITE 201 NAPLES FL 34102 City Zip Code 8. The above named entity submits this statement for the purpose 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 applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL ☐ Delete THE Change Addition MORRO, JOSEPH NAME NAME: 7140 APPLEBY DR STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY - ST - 71P CITY-ST-ZIP ח IIILE Delete THE Addition ☐ Change MORRO, MARYANN NAME NAME 7140 APPLEBY DR STREET ADDRESS STREET ADDRESS NAPLES FL 34104 CITY ST-71P CITY-ST-ZIP TITLE ☐ Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP Detete Change AddItion NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-S1-7IP ☐ Addition ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.