



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90440 038 ***150.00

DOCUMENT # P02000037825					
1. Entity Name PHC SERVICES, INC. <i>P/A. U.S. LAWN & PHC</i>					
Principal Place of Business 24029 FREDERICK DRIVE BROOKSVILLE, FL 34601 US			Mailing Address 24029 FREDERICK DRIVE BROOKSVILLE, FL 34601 US		
2. Principal Place of Business <i>3433 NEW YORK AVE</i> Suite, Apt. #, etc.		3. Mailing Address <i>2700 SAND HOLLOW CT</i> Suite, Apt. #, etc.			
City & State <i>HUDSON FL</i>		City & State <i>CLEARWATER, FL</i>		4. FEI Number 81-0548660	
Zip <i>34667</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE COMPANY CORPORATION 2711 CENTERVILLE RD. 400 WILMINGTON, DE, FL 19808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORCELLI, EDWARD 24029 FREDERICK DR. BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR & PRESIDENT 1400 VILLA CARRI CIRCLE #311 ODESSA FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DALE E. LAWRENCE 2700 SAND HOLLOW CT CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: *Dale Lawrence, Treasurer* 4-27-06 787-656-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DALE LAWRENCE