


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90002 025 \*\*\*150.00

DOCUMENT # P02000127391		
1. Entity Name A-WARD SERVICES, INC.		

Principal Place of Business 1576 BELLA CRUZ DRIVE #335 THE VILLAGES, FL 32159	Mailing Address 1576 BELLA CRUZ DRIVE #335 THE VILLAGES, FL 32159
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**50021226**



2. Principal Place of Business 1138 SALIDO AVE Suite, Apt. #, etc.	3. Mailing Address 1138 SALIDO AVE Suite, Apt. #, etc.
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06062006 Chg-P CR2E034 (11/05)

City & State THE VILLAGES, FL	City & State THE VILLAGES, FL
Zip 32159	Zip 32159
Country USA	Country USA

4. FEI Number 16-1542398	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WARD, HERVEY A III 1576 BELLA CRUZ DRIVE #335 THE VILLAGES, FL 32159
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1138 SALIDO AVE City THE VILLAGES FL Zip Code 32159
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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 <u>Hervey A. Ward, III</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>6/1/06</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS WARD, HERVEY A III 1576 BELLA CRUZ DRIVE #335 THE VILLAGES, FL 32159 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARD, JUDITH M 1576 BELLA CRUZ DRIVE #335 THE VILLAGES, FL 32159 <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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1138 SALIDO AVE THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1138 SALIDO AVE THE VILLAGES, FL 32159
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.	
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SIGNATURE: <u>Hervey A. Ward, III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>6/1/06</u> Day	352-636-5355 Daytime Phone #
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