2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022469

Entity Name: FOR SERVICE, INC.

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6401 ROBERTA DRIVE 6425 ROBERTA DRIVE ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224

Current Mailing Address: New Mailing Address:

PO BOX 594

ENGLEWOOD, FL 34295

FEI Number: 11-3678542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, BRET ANDERSON, GREGORY S 121 N MCCALL ROAD 6425 ROBERTA DRIVE ENGLEWOOD, FL 34223 US ENGLEWOOD, FL 34224 US

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.

SIGNATURE: GREGORY S. ANDERSON 01/03/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **VPTD** () Delete Title: (X) Change () Addition

SPEARS, GLEN ANDERSON, GREGORY S Name: Name: PO BOX 594 PO BOX 594

Address: Address: City-St-Zip: ENGLEWOOD, FL 34295 City-St-Zip: ENGLEWOOD, FL 34295

PSD Title: **VPSD** Title: () Delete (X) Change () Addition ANDERSON, GREGORY S ANDERSON, LAURA M Name:

Name: PO BOX 594 PO BOX 594 Address: Address:

ENGLEWOOD, FL 34295 ENGLEWOOD, FL 34295 City-St-Zip: City-St-Zip:

Title: () Delete Title: D (X) Change () Addition

SPEARS, RHONDA G SCHOTT, DANIEL Name: Name:

PO BOX 594 PO BOX 594 Address: Address:

City-St-Zip: ENGLEWOOD, FL 34295 City-St-Zip: ENGLEWOOD, FL 34295

Title: (X) Delete Title: () Change () Addition Name:

JANIK-ANDERSON, LAURA Name: Address: PO BOX 594 Address: City-St-Zip: ENGLEWOOD, FL 34295 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

DANIEL, SCHOTT Name: Name: PO BOX 594 Address: Address:

ENGLEWOOD, FL 34295 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY S. ANDERSON PTD 01/03/2008