

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000041304

1. Entity Name
A.N.A. SERVICES, INC.



Principal Place of Business
**9220 N.W. 15TH STREET
CORAL SPRINGS, FL 33071**

Mailing Address
**9220 N.W. 15TH STREET
CORAL SPRINGS, FL 33071**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1184751 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SZOKE, ANDREW C
9220 N.W. 15TH STREET
CORAL SPRINGS, FL 33071**

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IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SZOKE, ANDREW C
STREET ADDRESS	9220 N.W. 15TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	SZOKE, NOREEN
STREET ADDRESS	9220 N.W. 15TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	SZOKE, ANDREW G
STREET ADDRESS	9220 N.W. 15TH STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000458983
03/18/06-80008-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #