

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED  
2008 NOV 17 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000041502**

1. Entity Name  
**ADVANCED IT SERVICES, INC.**

Principal Place of Business <b>16684 ORANGE AVENUE EXT BUILDING 2 FT. PIERCE, FL 34945 US</b>	Mailing Address <b>16684 ORANGE AVENUE EXT BUILDING 2 FT. PIERCE, FL 34945 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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11112008 Chg-P CR2E034 (12/06)

4. FEI Number **86-1062363** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEWIS, BRIAN LEE JR  
16684 ORANGE AVENUE EXTENSION  
FT. PIERCE, FL 34945**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	CEO BICHT, CHARLES L JR	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600138013806</b> <b>11/17/08--01070--009 **61.25</b>		
STREET ADDRESS CITY-ST-ZIP	16684 ORANGE AVENUE EXTENSION FT. PIERCE, FL 34945			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	COO LEWIS, BRIAN LEE JR	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	551 CADILLAC CIRCLE W MELBOURNE, FL 32935			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	CFO GAUTHIER, FRANK J	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP	14801 WEST ANGLE ROAD FORT PIERCE, FL 34945			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			

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:** \_\_\_\_\_ *Brian Lee* **11-13-08** **321-729-9407**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #