2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 AM Secretary of State

Fee Required

DOCUMENT	# F	2030	00051	1919
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1. Entity Name

1ST NATIONAL OUTSOURCING PROPERTY MAINTENANCE SERVICES INC.



Principal Place of Business

809 SOUTH D STREET LAKE WORTH, FL 33460 Mailing Address

P.O.BOX 540683 LAKE WORTH, FL 33454



DO NOT WRITE IN THIS SPACE

04172007 NO Clig-F	CINZ	E034 (11/03)
4. FEI Number		Applied For
03-0518060		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

BERTRAND, FRECKS 809 SOUTH D STREET LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the piions of registered agent.	ourpose of changing its registe	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and ac	cept:
	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Register	ed Agent signature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Fina Trust Fund Contribution 			
10.	OFFICERS AND DIREC	CTORS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	alleries Care Stagen System Section 5	; ; ; ;
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTRAND, FRECKS P.O.BOX 540683 LAKE WORTH, FL 33454 S BERTRAND, LISEMENE P.O.BOX 540683 LAKE WORTH, FL 33454			U00000728779	50.(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARE WORTH, PL 33434			NOT WRITE	ř
NAME STREET ADDRESS CITY-ST-ZIP			IN The second of	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 if changed, or on an attackment with an address, with all the file/empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #