


FILED
Mar 10, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000056732 1. Entity Name SITE SERVICES CONTRACTORS OF FLORIDA, INC.	
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Principal Place of Business 1415 SW 17TH STREET OCALA, FL 34474	Mailing Address 1415 SW 17TH STREET OCALA, FL 34474
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01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1200860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ARMSTRONG, SCOTT W
1415 SW 17TH STREET
OCALA, FL 34474**

**DO NOT WRITE
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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**000000851417
03/25/08-80038-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ARMSTRONG, SCOTT W
STREET ADDRESS	1415 SW 17TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	DV
NAME	ARMSTRONG, FRED C
STREET ADDRESS	1415 SW 17TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	ST
NAME	ARMSTRONG, WENDY
STREET ADDRESS	1415 SW 17TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **3/4/08** **352-624-0120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #