

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000086738

1. Entity Name  
RESIDENTIAL SERVICE SYSTEMS, INC.



**FILED  
Feb 07, 2005 8:00 am  
Secretary of State**

02-07-2005 90075 026 \*\*\*150.00

Principal Place of Business  
9949 COUNCILOR LANE  
NORTH FORT MYERS, FL 33917

Mailing Address

9949 COUNCILOR LANE  
NORTH FORT MYERS, FL 33917

2. Principal Place of Business  
619 S.W. 19<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Address  
619 S.W. 19<sup>th</sup> Street

Suite, Apt. #, etc.

City & State  
Cape Coral, FLA.

Zip 33991

Country USA

City & State  
Cape Coral, FLA.

Zip 33991

Country USA

6. Name and Address of Current Registered Agent

TEZYK, JAMES E  
9949 COUNCILOR LANE  
NORTH FORT MYERS, FL 33917

Name

Street Address (P.O. Box Number is Not Acceptable)

619 S.W. 19<sup>th</sup> Street

City

FL

Zip Code 33991

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)

1-28-05

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$150.00**

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 STREET ADDRESS CITY-ST-ZIP	D TEZYK, JAMES E 9949 COUNCILOR LANE NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 619 S.W. 19 <sup>th</sup> Street Cape Coral, FLA. 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*John E. Tezyk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-28-05*

Date

Daytime Phone #