

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2005 90075 026 ***150.00

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1. Entity Name
RESIDENTIAL SERVICE SYSTEMS, INC.



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

Mailing Address
9949 COUNCILOR LANE
NORTH FORT MYERS, FL 33917

40014525



2. Principal Place of Business
619 S.W. 19th Street
Suite, Apt. #, etc.

3. Mailing Address
619 S.W. 19th Street
Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State
Cape Coral, FLA.
Zip 33991 Country USA

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Cape Coral, FLA.
Zip 33991 Country USA

4. FEI Number
33-1068029
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
619 S.W. 19th Street
City Cape Coral, 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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ☐ Delete
NAME TEZYK, JAMES E
STREET ADDRESS 9949 COUNCILOR LANE
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 619 S.W. 19th Street
CITY-ST-ZIP Cape Coral, FLA. 33991

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #