2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086870

Entity Name: F & M PROFESSIONAL SERVICE INC

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

860 NORTH NOVA ROAD DAYTONA BEACH, FL 32117

Current Mailing Address: New Mailing Address:

1900 MOFID LANE PORT ORANGE, FL 32128

FEI Number: 20-0141930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLLER, MARISELA REYES, LUZ E 1900 MOFID LANE 1900 MOFID LANE

PORT ORANGE, FL 32128 US PORT ORANGE, FL 32128 US

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.

SIGNATURE: LUZ E REYES 04/06/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T () Delete Title: P,T (X) Change () Addition

 Name:
 PINEIRO, FELIX
 Name:
 REYES, LUZ E

 Address:
 1900 MOFID LANE
 Address:
 1900 MOFID LANE

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

Title: VP,S () Delete Title: VP,S (X) Change () Addition

 Name:
 OLLER, MARISELA
 Name:
 PINERO, FELIX

 Address:
 1900 MOFID LANE
 1900 MOFID LANE

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

Title: D (X) Delete Title: () Change () Addition

 Name:
 REYES, LUZ
 Name:

 Address:
 1900 MOFID LANE
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ E REYES PT 04/06/2007