

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 026 ***150.00

DOCUMENT # P03000109263

1. Entity Name

COMMON GROUND SERVICES, INC.



Principal Place of Business

8588 NW 2ND STREET
CORAL SPRINGS FL 33071

Mailing Address

8588 NW 2ND STREET
CORAL SPRINGS FL 33071

2. Principal Place of Business - No P.O. Box #

9521 Buck Haven Trail

3. Mailing Address

9521 Buck Haven Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32312

Country

Leon

Zip

32312

Country

Leon

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-0355780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAIRE, BENJAMIN H ESQ.
5100 WEST COPANS ROAD
SUITE #900
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 state 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GULA, ROBERT
STREET ADDRESS 8588 NW 2ND STREET
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete
NAME GULA, DEBORAH
STREET ADDRESS 8588 NW 2ND STREET
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 D ☒ Change ☐ Addition
NAME Gula, Robert
STREET ADDRESS 9521 Buck Haven Trail
CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☒ Change ☐ Addition
NAME Gula, Deborah
STREET ADDRESS 9521 Buck Haven Trail
CITY-ST-ZIP Tallahassee, FL 32312

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

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

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

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 exemptions contained in Section 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:

Robert Gula

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

850-668-8772

Daytime Phone #