2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P03000122629 04-25-2005 90236 014 ***150.00 TOTAL PERMITTING SERVICES, INC. Principal Place of Business Mailing Address 915-29TH AVE W P.O. BOX 9341 BRADENTON, FL 34205 BRADENTON, FL 34206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 51-0477271 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kann S. Jones JONES, KARIN S Street Address (P.O. Box Number is Not Acceptable) 239 U.S. HIGHWAY 301 BOULEVARD EAST BRADENTON, FL 34208 915-29 HR AVE W Zip Code 34205 City Bradenton 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, 2005 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change TITLE TITLE ☐ Addition PHILLIPS, JAMES H NAME NAME STREET ADDRESS 4516 GINNY DRIVE STREET ADDRESS LAKELAND, FL 33811 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ☐ Addition Jones, Karin S. NAME JONES, KARIN S NAME 915-2912 AVEW STREET ADDRESS 239 U.S. HIGHWAY 301 BOULEVARD EAST STREET ADDRESS Bradenton, 71. 34205 CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete : Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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, all other like empowered.

FILED

ATTACHMENT 20643937 Division of Corporations



Annual Report

Document Number (P03000122629) Business Entity Name

IOIA	il perville ing services, inc.
FEI Number	510477271
FEI Number Status	O Applied For O Not Applicable © Current
Certificate of Status Desired	O Yes O No \$8.75 each
Election Campaign Financing Tr	rust Fund Contribution O Yes No
	Principal Place of Business
Address	915-29TH AVE W
Suite, Apt. #, etc.	
City, State	BRADENTON , FL
Zip Code & Coun	1
Zip Code & Com	,
	Mailing Address
Address	P.O. BOX 9341
Suite, Apt. #, etc.	
City, State	BRADENTON , FL
Zip Code & Coun	try 34206
Name	And Address of Registered Agent
Name (Last, First, Middle, T	Title) JONES , KARIN , S ,
-or- RA Business Name	
Address	915-29th AVE W
Suite, Apt. #, etc.	
City, State	BRADENTON , FL
Zip Code & Country	34205 US
in the 'Registered Age registered agent. RA sign entity, an individual must	gistered agent, the new agent will need to type their name ent Signature' block below to accept the designation of nature must be an individual name. If the RA is a business t sign on their behalf. A business entity cannot serve as its own RA.
Registered Agent Si	gnature Canus Juic
	of the individual syming" this document electronically or be

made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	Death of the first of the major warming and the stage of
Name (Last, First, Middle, Title)	PHILLIPS JAMES ,H
-or- Entity Name	
Street Address	4516 GINNY DRIVE
City, State	LAKELAND , FL
Zip Code & Country	33811
Title	D
Name (Last, First, Middle, Title)	JONES KARIN ,S ,
-or- Entity Name	
Street Address	915-29th AVE W
City, State	BRADENTON , FL
Zip Code & Country	34205
TPULL.	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	, ,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	121 121 121 121
Street Address	
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Title	
Name (Last, First, Middle, Title)	, , , , , , , , , , , , , , , , , , , ,
-or- Entity Name	
Street Address	

sion of Corporations	ATTACHMENT 20043937 Page 3 of 3
City, State Zip Code & Country	
Title Name (Last, First, Middle, Ti -or- Entity Name Street Address City, State Zip Code & Country	itle) , , , , , , , , , , , , , , , , , , ,
entity named above a — - Signature' block belock Title Officer/Director Sig This signature must be that of made with the full knowledge	d above or an individual signing on behalf of an must type their name in the 'Officer/Director ow. A corporate name is not allowed in this block. nature The individual "signing" this document electronically or be ge and permission of the individual, otherwise it constitutes a Statutes. The individual "signing" this document affirms that
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