


**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

06-01-2004 90005 004 \*\*\*150.00

|  |  |   |  |
|--|--|---|--|
| DOCUMENT # <b>03000127280</b>  |  |    |  |
| Entity Name<br><b>FLORIDA OPERATIONS SERVICES, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>19900 WOODBRIDGE LANE<br/>NORTH FT MYERS, FL 33917</b>   |  | Mailing Address<br><b>19900 WOODBRIDGE LANE<br/>NORTH FT MYERS, FL 33917</b>  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |
| Suits, Apt. #, etc.  |  | Suits, Apt. #, etc.   |  |
| City & State   |  | City & State  |  |
| Zip  | County   | Zip   | County   |
| 4. FEI Number<br><b>56-2414362</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$3.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTTER, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33145</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Christopher Livolsi Sr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>19900 Woodbridge Ln.</b><br>City <b>N. Fort Myers</b> FL Zip Code <b>33917</b> |  |
| 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.<br>SIGNATURE <i>Christopher Livolsi Sr.</i> DATE <b>5-27-04</b>   |  |   |  |
| FILE NOW!!! - FEE IS \$150.00<br>Due by September 8, 2004  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br><b>PO</b>   | NAME<br><b>LIVOLSI, CHRISTOPHER</b>            | TITLE<br><b>VST</b>   | NAME<br><b>Livolsi Manic</b>                   |
| STREET ADDRESS<br><b>19900 WOODBRIDGE LANE</b>   | CITY-ST-ZIP<br><b>NORTH FT MYERS, FL 33917</b> | STREET ADDRESS<br><b>19900 Woodbridge Ln.</b>   | CITY-ST-ZIP<br><b>N. Fort Myers FL 33917</b>   |
| TITLE<br><b>VST</b>  | NAME<br><b>LIVOLSI, CHRISTOPHER</b>            | TITLE<br><b>VST</b>   | NAME<br><b>LIVOLSI, CHRISTOPHER</b>            |
| STREET ADDRESS<br><b>19900 WOODBRIDGE LANE</b>   | CITY-ST-ZIP<br><b>NORTH FT MYERS, FL 33917</b> | STREET ADDRESS<br><b>19900 WOODBRIDGE LANE</b>  | CITY-ST-ZIP<br><b>NORTH FT MYERS, FL 33917</b> |
| TITLE  | NAME   | TITLE   | NAME   |
| STREET ADDRESS   | CITY-ST-ZIP                                    | STREET ADDRESS  | CITY-ST-ZIP                                    |
| TITLE  | NAME   | TITLE   | NAME   |
| STREET ADDRESS   | CITY-ST-ZIP                                    | STREET ADDRESS  | CITY-ST-ZIP                                    |
| TITLE  | NAME   | TITLE   | NAME   |
| STREET ADDRESS   | CITY-ST-ZIP                                    | STREET ADDRESS  | CITY-ST-ZIP                                    |
| TITLE  | NAME   | TITLE   | NAME   |
| STREET ADDRESS   | CITY-ST-ZIP                                    | 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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Christopher Livolsi Sr. President</i>  |  | DATE: <b>5-27-04</b>  |  |
| SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Christopher Livolsi Sr.</b>  |  | DAYTIME PHONE # <b>239-540-1556</b>   |  |