


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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

06-01-2004 90005 004 ***150.00

DOCUMENT # 03000127280			
Entity Name FLORIDA OPERATIONS SERVICES, INC.			
Principal Place of Business 19900 WOODBRIDGE LANE NORTH FT MYERS, FL 33917		Mailing Address 19900 WOODBRIDGE LANE NORTH FT MYERS, FL 33917	
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 56-2414362		Applied For <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 SPIEGEL & UTTER, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Christopher Livolsi Sr. Street Address (P.O. Box Number is Not Acceptable) 19900 Woodbridge Ln. City N. Fort Myers FL Zip Code 33917	
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 <i>Christopher Livolsi Sr.</i> DATE 5-27-04			
FILE NOW!!! - FEE IS \$150.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PO LIVOLSI, CHRISTOPHER 19900 WOODBRIDGE LANE NORTH FT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 5-27-04 DATE	
		DAYTIME PHONE: 239-540-1556 DAYTIME PHONE #	