

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127280

FILED
Feb 05, 2006
Secretary of State

Entity Name: FLORIDA OPERATIONS SERVICES, INC.

Current Principal Place of Business:

19900 WOODBRIDGE LANE
NORTH FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

19900 WOODBRIDGE LANE
NORTH FT MYERS, FL 33917

New Mailing Address:

FEI Number: 56-2414362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVOLSI, CHRISTOPHER SR
19900 WOODBRIDGE LN
N. FORT MYERS, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIVOLSI, CHRISTOPHER
Address: 19900 WOODBRIDGE LANE
City-St-Zip: NORTH FT MYERS, FL 33917

Title: VST () Delete
Name: LIVOLSI, MARIE
Address: 19900 WOODBRIDGE LANE
City-St-Zip: NORTH FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: CHRISTOPHER LIVOLSI SR

PD

02/05/2006

Electronic Signature of Signing Officer or Director

_____ Date