

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127280

FILED  
Jan 07, 2007  
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

PD

01/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date