

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127280

**FILED**  
**Apr 05, 2011**  
**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:**

773 JAMES CIR.  
PALM BAY, FL 32905

**Current Mailing Address:**

19900 WOODBRIDGE LANE  
NORTH FT MYERS, FL 33917

**New Mailing Address:**

773 JAMES CIR.  
PALM BAY, FL 32905

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:**

LIVOLSI, CHRISTOPHER SR  
773 JAMES CIR.  
PALM BAY, FL 32905 US

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

04/05/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LIVOLSI, CHRISTOPHER SR  
Address: 773 JAMES CIR.  
City-St-Zip: PALM BAY, FL 32905

Title: VST  
Name: LIVOLSI, MARIE  
Address: 773 JAMES CIR.  
City-St-Zip: PALM BAY, FL 32905

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LIVOLSI SR

PD

04/05/2011

Electronic Signature of Signing Officer or Director

Date