


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132556 1. Entity Name FLORIDA SERVICES CORPORATION	
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Principal Place of Business 4555 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410	Mailing Address 4555 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410
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04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0388276	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABIN, EDWARD G
4555 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, DANE A P O BOX 587 WARSAW, IN 465810587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HANN, DANIEL P P O BOX 587 WARSAW, IN 465810587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARTMAN, GREGORY D P O BOX 587 WARSAW, IN 465810587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRATT, JOEL P P O BOX 587 WARSAW, IN 465810587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOEDEUS, BART 4555 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SABIN, EDWARD G 4555 RIVERSIDE DR. PALM BEACH GARDENS, FL 33410

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04/11/05-80006-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward G. Sabin **EDWARD G. SABIN** **APRIL 5 2005** **561-776-6706**