


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 A
Secretary of State

DOCUMENT # P03000144304

1. Entity Name
SERVICE SOLUTIONS OF CENTRAL FLORIDA, INC.



Principal Place of Business
**4750 ROSEWOOD DR.
 ORLANDO, FL 32806**

Mailing Address
**4750 ROSEWOOD DR
 ORLANDO, FL 32806**

DO NOT WRITE IN THIS SPACE



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0491310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, GARY
 4750 ROSEWOOD DR
 ORLANDO, FL 32806**

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: *Gary Martin* **Gary Martin** **3/6/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. - OFFICERS AND DIRECTORS

TITLE	V
NAME	MARTIN, GARY
STREET ADDRESS	4750 ROSEWOOD DR.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/15/07-80023-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gary Martin* **Gary Martin** **3/6/07** **407-766-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #