


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90036 046 \*\*\*150.00

<b>DOCUMENT # P04000071042</b>	
1. Entity Name <b>ROI SERVICE CORPORATION</b>	

Principal Place of Business <b>11716 HIGHLAND PLACE CORAL SPRINGS, FL 33071</b>	Mailing Address <b>11716 HIGHLAND PLACE CORAL SPRINGS, FL 33071</b>
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**50055955**



2. Principal Place of Business <b>1801 Eagle Trace Blvd. West</b>	3. Mailing Address <b>1801 Eagle Trace Blvd West</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07112005 Chg-P CR2E034 (10/03)

City & State <b>Coral Springs Florida</b>	City & State <b>Coral Springs Florida</b>
Zip <b>33071</b>	Zip <b>33071</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>20-1146814</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>WILLIAMSON, MARK 11716 HIGHLAND PLACE CORAL SPRINGS, FL 33071</b>	
7. Name and Address of New Registered Agent Name <b>1801 Eagle Trace Blvd. West</b> Street Address (P.O. Box Number is Not Acceptable) <b>Coral Springs</b> City <b>FL</b> Zip Code <b>33071</b>	

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 <b>Mark Williamson (Pres.)</b>	<b>M Williamson</b>	DATE <b>7/14/05</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILLIAMSON, AMBER 11716 HIGHLAND PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1801 Eagle Trace Blvd. West Coral Springs, FL 33071</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WILLIAMSON, MARK 11716 HIGHLAND PLACE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1801 Eagle Trace Blvd. West Coral Springs FL 33071</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>M Williamson</b>	<b>M Williamson</b>	DATE
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

ATTACHMENT

50055955-

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

*To Whom it may concern:  
This is the 1st Notice*

**NOTICE OF INTENT TO DISSOLVE**

*We received & when I went to  
print the report from the web it*

0075887 01 AV 0.176 \*\*AUTO T4 3 1203 33071-540401



ROI SERVICE CORPORATION  
1801 EAGLE TRACE BLVD W  
CORAL SPRINGS FL 33071-5404

*Still has the old address even though  
thir has the new one on it. Confusion?  
Hope this gets all squared away!*

**OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

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1801 EAGLE TRACE BLVD W  
CORAL SPRINGS FL 33071-5404

