


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000112222		
1. Entity Name SERVICES 198, INC.		
Principal Place of Business 3333 SOUTH ORANGE AVENUE SUITE 200 ORLANDO, FL 32806	Mailing Address P O BOX 568821 ORLANDO, FL 32856	



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2851241	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 POITRAS, JAMES W 3100 SPRINGHEAD COURT ST. CLOUD, FL 34771	DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00

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

U000000871106
04/09/08-80118-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, PATRICIA T 3100 SPRINGHEAD COURT ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, JAMES W 3100 SPRINGHEAD COURT ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POITRAS, PATRICIA T 3100 SPRINGHEAD COURT ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POITRAS, JAMES W 3100 SPRINGHEAD COURT ST. CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WRAY, PAMELA L 3333 SOUTH ORANGE AVE, STE 200 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Pamela L Wray
Pamela L Wray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/08
Date

407 422 3144
Daytime Phone #