2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P04000127918 Apr 24, 2006 08:00 AN Secretary of State SERVICE PROS INC. Mailing Address Principal Place of Business 475 MONTGOMERY PLACE 15204 VINOLA DRIVE ALTAMONTE SPRINGS, FL 32714 MONTVERDE, FL 34756 03262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1594841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent KELLEY, GOLDBERG, LEACH & COHN, PL DO NOT WRITE 475 MONTGOMERY PLACE ALTAMONTE SPRINGS, FL 32714 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) 9. Election Campalgn Financing **\$5.00** May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BARNHART, JANET NAME 15204 VINOLA DRIVE STREET ADDRESS U00000533889 CITY-ST-ZIP MONTVERDE, FL 34756 05/06/06-80141-007 158.75 TITLE VP/S BARNHART, FRANK NAME STREET ADDRESS 15204 VINOLA DRIVE CITY-ST-ZIP MONTVERDE, FL 34756 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR OF DIRECTOR OR DIRECTOR

CITY-ST-ZIP