

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90002 028 \*\*\*150.00

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05152008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000134420</b> 1. Entity Name <b>CANO SERVICES, CORP.</b>					
Principal Place of Business <b>126 HIGH TOWER AVENUE SOUTH LEHIGH ACRES, FL 33971</b>			Mailing Address <b>126 HIGH TOWER AVENUE SOUTH LEHIGH ACRES, FL 33971</b>		
2. Principal Place of Business - No P.O. Box # <b>126 Hightower Aves.</b>		3. Mailing Address <b>126 Hightower Aves.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lehigh Acres - FL</b>		City & State <b>Lehigh Acres - FL</b>		4. FEI Number <b>20-1672585</b>	
Zip <b>33973</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CANO, DUVAN 126 HIGH TOWER AVENUE SOUTH LEHIGH ACRES, FL 33971</b>			7. Name and Address of New Registered Agent Name <b>RIOS, IDALIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>126 Hightower Aves.</b> City <b>Lehigh Acres - FL</b> <b>FL</b> Zip Code <b>33973</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 <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 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CANO, DUVAN 126 HIGH TOWER AVENUE SOUTH LEHIGH ACRES, FL 33971</b> <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	<b>VP RIOS, IDALIA 126 HIGH TOWER AVENUE SOUTH LEHIGH ACRES, FL 33971</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	