2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141769

FILED Mar 03, 2005 Secretary of State

Entity Name: FLORIDA SUPPORT SERVICES, INC **Current Principal Place of Business: New Principal Place of Business:** 5311 ANDRIS CT NORTH PORT, FL 34288 **Current Mailing Address: New Mailing Address:** 5311 ANDRIS CT NORTH PORT, FL 34288 FEI Number: 30-0277475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, SABRINA B 5311 ANDRIS CT NORTH PORT, FL 34288 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

WILLIAMS, SABRINA B WILLIAMS, SABRINA B Name: Name: 5311 ANDRIS CT 5311 ANDRIS CT Address: Address: City-St-Zip: NORTH PORT, FL 34288 US City-St-Zip: NORTH PORT, FL 34288 US

Title: () Delete Title: () Change (X) Addition

Name: Name: CLAPP, SHEA

Address: Address: 17920 MURDOCK CIRCLE #104 PORT CHARLOTTE, FL 33948 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: SABRINA B WILLIAMS 03/03/2005