

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90316 010 ***150.00

DOCUMENT # P04000165529

1. Entity Name
REVOLUTION SERVICES, INC.



Principal Place of Business
**3361 ROUSE ROAD
SUITE 220
ORLANDO, FL 32817**

Mailing Address
**3361 ROUSE ROAD
SUITE 220
ORLANDO, FL 32817**

6601100



DO NOT WRITE IN THIS SPACE

02032008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1997019

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD.
SUITE 309
TAMPA, FL 33629**

**DO NOT WRITE
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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MCNAMARA, GREGORY J**
STREET ADDRESS **3361 ROUSE ROAD SUITE 220**
CITY-STATE-ZIP **ORLANDO, FL 32817**

TITLE **D**
NAME **PARKER, THEODORE**
STREET ADDRESS **3361 ROUSE ROAD SUITE 220**
CITY-STATE-ZIP **ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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

Ted Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06 *407-275-7525*