

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90296 002 \*\*\*150.00

<b>DOCUMENT # P04000170966</b> 1. Entity Name <b>FAMILYMAN SERVICES INC</b>					
Principal Place of Business <b>1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917</b>			Mailing Address <b>1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>MUSCARELLA, DEBORAH A 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 (see if applicable) (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<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</b> <b>MUSCARELLA, FRANCIS J</b> <b>1846 POWELL DRIVE #123</b> <b>N. FT. MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MUSCARELLA, DEBORAH A</b> <b>1846 POWELL DRIVE #123</b> <b>N. FT. MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUSCARELLA, CURTIS</b> <b>1846 POWELL DRIVE #123</b> <b>N. FT. MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUSCARELLA, ROCCO</b> <b>1846 POWELL DRIVE #123</b> <b>N. FT. MYERS, FL 33917</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> <u>Deborah A Muscarella</u> <u>Apr 26, 05</u> <u>238 885 2648</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66021300



04262005 Chg-P CR2E034 (10/03)

4. FEI Number **20-2735933** Applied For ☐ Not Applicable ☐

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