


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90348 042 ***150.00

DOCUMENT # P04000170966		
1. Entity Name FAMILYMAN SERVICES INC		

Principal Place of Business 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917	Mailing Address 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917
---	---

2. Principal Place of Business 225 FIREBALL LN Suite, Apt. #, etc.	3. Mailing Address 225 FIREBALL LN Suite, Apt. #, etc.
--	--

City & State N. FT. MYERS, FL	City & State N. FT. MYERS, FL
Zip 33917	Country USA

Barcode	
04122006	Chg-P
CR2E034 (11/05)	
4. FEI Number 20-2735933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MUSCARELLA, DEBORAH A 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917	

7. Name and Address of New Registered Agent	
Name MUSCARELLA, FRANCIS J.	
Street Address (P.O. Box Number Is Not Acceptable) 225 FIREBALL LN	
City N FT MYERS	Zip Code 33917

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: FRANCIS J. MUSCARELLA PRESIDENT	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSCARELLA, FRANCIS J 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917 <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	VP MUSCARELLA, DEBORAH A 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917 <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	D MUSCARELLA, CURTIS 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917 <input checked="" 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	D MUSCARELLA, ROCCO 1846 POWELL DRIVE #123 N. FT. MYERS, FL 33917 <input checked="" 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	<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	<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.	
SIGNATURE: Deborah A Muscarella	DEBORAH A MUSCARELLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #