

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038100

Entity Name: FARON SERVICES, INC.

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 1886
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

5327 OTTER LN.
MIDDLEBURG, FL 32068

Current Mailing Address:

POST OFFICE BOX 1886
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

5327 OTTER LN.
MIDDLEBURG, FL 32068

FEI Number: 20-2492605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RODNEY F
426 ST. JOHNS AVE.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

WILLIAMS, RODNEY F
5327 OTTER LN.
MIDDLEBURG, FL 32068 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: RODNEY WILLIAMS

04/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, RODNEY F
Address: 426 ST. JOHNS AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, RODNEY F
Address: 5327 OTTER LN.
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: RODNEY WILLIAMS

P

04/21/2007

Electronic Signature of Signing Officer or Director

Date