## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P05000051805**

FACILITIES SERVICES OF AMERICA, INC.



**FILED** Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

1611 12TH ST EAST, SUITE C PALMETTO, FL 34221 US Mailing Address

P 0 BOX 1460

NOKOMIS, FL 34274-1460 US



## DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4.	FEI Number		Applied For
	20-2633729		Not Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAUDENSLAGER, JOHN P 1029 DELACROIX CIRCLE NOKOMIS, FL 34275

of the corporation or the receiver or changed, or on an attachment-with

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registered	Agent signaturi	a required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUDENSLAGER, JOHN P 1029 DELACROIX CIRCLE NOKOMIS, FL 34275				U00000921954
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/15/08-80027-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated	on this report or supplemental report is true a	ind accurate and that my signatu	re shall ha	ve the same legal effe	Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if