

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90033 022 ***150.00

DOCUMENT # P05000061579

1. Entity Name

ADMINISTRATION SERVICE GROUP, INC.



Principal Place of Business

1610 JEANETTE ST.
APOPKA FL 32712

Mailing Address

1610 JEANETTE ST.
APOPKA FL 32712

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
1610 JEANETTE ST.

Suite, Apt. #, etc.
1610 JEANETTE ST.

City & State
APOPKA, FL

City & State
APOPKA, FL

Zip
32712

Country
USA

Zip
32712

Country
USA

1st MOORE

CR2E034 (10/07)

4. FEI Number
20-2747225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAFFUIS, M F
1610 JEANETTE ST.
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

n/a

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D GRAFFUIS, M F ☐ Delete
1610 JEANETTE ST.
APOPKA FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Maria F. Graffuis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/11/08 321 439 3730