

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/22/2006-90030-009-\$150.00-\$150.00

FILED

2006 OCT -9 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE

CR2E034 (4/06)

DOCUMENT # P05000100604			
1. Entity Name SERVI-MAN INC			
Principal Place of Business 2705 GETTYSBURGS DR TITUSVILLE FL 32780 BR		Mailing Address 2705 GETTYSBURGS DR TITUSVILLE FL 32780 BR	
2. Principal Place of Business 43-40 Kent ave House Titusville, Florida Zip 32780 Country Ecuador		3. Mailing Address 43-40 Kent AVE House Titusville, FL Zip 32780 Country Ecuador	
4. FEE Number 717-72-3568		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOZA, SERGIO W 2705 GETTYSBURGS DR TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name: ESPINOZA Sergio W. Street Address (P.O. Box Number is Not Acceptable) 43-40 Kent ave City: Titusville FL Zip Code 32780	
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 ESPINOZA, SERGIO W P 2705 GETTYSBURGS DR TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Espinoza Sergio 43-40 Kent Ave Titusville FL 32780 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPINOZA, CLARA 2705 GETTYSBURGS DR TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Espinoza CLARA 43-40 Kent Ave Titusville FL 32780 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMODOVAR, JAMES 2705 GETTYSBURGS DR TITUSVILLE FL 32780 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferrer Manuel 4340 Kent Ave - Titusville-FL 32780 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, ANGEL 2705 GETTYSBURGS DR TITUSVILLE FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Torres Angel 43-40 Kent Ave Titusville FL 32780 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Date

Daytime Phone #

10/11/06
aw