

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 23 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS



05232008 Chg-P CR2E034 (11/05)

DOCUMENT # P05000102772 1. Entity Name VERSATILE SERVICES OF FLORIDA, INC.			
Principal Place of Business 75 DORA AND BUSTER RD QUINCY, FL 32352		Mailing Address 75 DORA AND BUSTER RD QUINCY, FL 32352	
2. Principal Place of Business 3724 DONOVAN DRIVE Suite, Apt. #, etc. APT. B		3. Mailing Address 3724 DONOVAN DRIVE Suite, Apt. #, etc. APT. B	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32309		Zip 32309	
Country		Country	
4. FEI Number 34-2003863		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, RISHARD 279 TILLMAN ROAD QUINCY, FL 32352		7. Name and Address of New Registered Agent Name TAYLOR, RISHARD Street Address (P.O. Box Number is Not Acceptable) 3724 DONOVAN DRIVE APT. B City TALLAHASSEE FL Zip Code 32309	
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 <u><i>Richard Taylor</i></u> 5/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KOONCE, MIKAL 145 RANCH RD QUINCY, FL 32351	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800075574008 05/31/06--01053--013 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, RISHARD 279 TILLMAN RD QUINCY, FL 32352	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P RISHARD TAYLOR 3724 DONOVAN DRIVE APT. B TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COKER, BARRY 442 DEWEY JOHNSON WAY GRETNA, FL 3	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, CHARLES 75 DORA & BUSTER RD QUINCY, FL 32352	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMEL, CEPHUS 75 DORA AND BUSTER RD QUINCY, FL 32352	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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: <u><i>Richard Taylor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/23/06 567-5936 <small>Date Daytime Phone #</small>	