## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000125044

Entity Name: FMO CONVERSION SERVICES INC.

FILED Mar 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4020 PORTSMOUTH RD LARGO, FL 33771

Current Mailing Address: New Mailing Address:

4020 PORTSMOUTH RD LARGO, FL 33771

FEI Number: 20-4781480 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOSEPH, JUSTIN CARL, CASIO 1266 SOUTH PINELLAS AVE 525 N.E. 3RD AVE.

TARPON SPRINGS, FL 34689 US SUITE 102
DELRAY BEACH, FL 33444 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: CARL CASIO 03/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

505 COCKTIEL LOOP

LAKE WALES, FL 33859

## **OFFICERS AND DIRECTORS:**

Name: Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 GALLAGHER, CHARLES
 Name:
 GALLAGHER, CHARLES

 Address:
 55 EL CARHINO REAL
 Address:
 55 EL CARHINO REAL

Address: 55 EL CARHINO REAL Address: 55 EL CARHINO REAL
City-St-Zip: PORT ST. LUCIE, FL 34152 City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MCHALE, JERRY Name: TOBIN, JENNIFER

 Address:
 4020 PORTSMOUTH RD
 Address:
 4020 PORTSMOUTH RD

 City-St-Zip:
 LARGO, FL 33771
 City-St-Zip:
 LARGO, FL 33771

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SHEILDS, FLOSS
 Name:
 ROY, BREWER

 Address:
 4020 PORTSMOUTH RD
 Address:
 6 ORO GRANDE WAY

 City-St-Zip:
 LARGO, FL 33771
 City-St-Zip:
 PORT ST. LUCIE, FL 34952

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: HOWE, GARY Name:

Name: Address: City-St-Zip:

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: CHARLES GALLAGHER P 03/22/2007