## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000125044

Entity Name: FMO CONVERSION SERVICES INC.

FILED Apr 30, 2008 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:

CARL, CASIO SARA, MONACO
525 N.E. 3RD AVE. 4020 PORTSMOUTH RD.
SUITE 102 LARGO, FL 33771 US
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.

City-St-Zip:

SIGNATURE: SARA MONACO 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 GALLAGHER, CHARLES
 Name:
 TOBIN, JENNIFER

 Address:
 55 EL CARHINO REAL
 Address:
 4020 PORTSMOUTH RD.

55 EL CARHINO REAL Address: 4020 PORTSMOUTH
PORT ST. LUCIE, FL 34952 City-St-Zip: LARGO, FL 33771

Title: D ( ) Delete Title: V (X) Change ( ) Addition Name: TOBIN, JENNIFER Name: GALLAGHER, CHARLES

Address: 4020 PORTSMOUTH RD City-St-Zip: LARGO, FL 33771 Address: 4020 PORTSMOUTH RD City-St-Zip: LARGO, FL 33771

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

 Name:
 ROY, BREWER
 Name:
 ROY, BREWER

 Address:
 6 ORO GRANDE WAY
 Address:
 4020 PORTSMOUTH RD.

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

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

 Name:
 HOWE, GARY
 Name:

 Address:
 505 COCKTIEL LOOP
 Address:

 City-St-Zip:
 LAKE WALES, FL 33859
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SARA MONACO D 04/30/2008