

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000155945

1. Entity Name
NAVARRO SERVICES INC.



Principal Place of Business
617 LITTLE WEKIWA ROAD
ALTAMONTE SPRINGS, FL 32714

Mailing Address

617 LITTLE WEKIWA ROAD
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business
LITTLE WEKIWA RD

3. Mailing Address
PO Box 4683

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINTER PARK

Zip

Zip

32793

Country

USA

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
20-4290715

Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, RALPH A
617 LITTLE WEKIWA ROAD
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 NAVARRO, RALPH A 617 LITTLE WEKIWA ROAD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>LITTLE WEKIWA</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCROFT, MICHELLE C 617 LITTLE WEKIWA ROAD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MICHELLE C. NAVARRO</u> <u>LITTLE WEKIWA</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 321-277-8795

Date

Daytime Phone #

**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90476 011 ***150.00

50017590

