2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000012156

1. Entity Name
INSITU SERVICES, INC.

Principal Place of Business	Mailing Address
1635 WEST UNIVERSITY PARKWAY SARASOTA, FL 34243	PO BOX 11004 TALLEVAST, FL 34270

DO NOT WRITE IN THIS SPACE

04142008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-4202122	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STACKS, MICHAEL
1635 WEST UNIVERSITY PARKWAY
SARASOTA, FL 34243

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000940947
05/28/08-80086-019 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P,D	
NAME	STACKS, MICHAEL	
STREET ADDRESS	1635 WEST UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		
NAME		
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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: _Michael C Stacks_   Michael C Stacks   4/14/08   (941) 359-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #