

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 20, 2007 8:00 am
Secretary of State

01-22-2007 90112 015 ***150.00

DOCUMENT # P06000056998 1. Entity Name FS SERVICES, INC.					
Principal Place of Business 13530 MT. PLEASANT ROAD JACKSONVILLE, FL 32225			Mailing Address P O BOX 3153 PONTE VEDRA BEACH, FL 32004		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13530 MT. PLEASANT RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE, FL 32225			
Zip	Country	Zip 32225	Country FLORIDA	4. FEI Number 20-473-52-29	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPRAGUE, FRED M 13530 MT. PLEASANT ROAD JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			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	PST SPRAGUE, FRED M P O BOX 3153 PONTE VEDRA BEACH, FL 32004 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSEN, BRIAN P.O. BOX 3153 PONTE VEDRA BEACH, FL 32004 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Fred Sprague</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-18-07 Date		
			904-9933068 Daytime Phone #		