

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90016 008 ***150.00

DOCUMENT # P06000077753 1. Entity Name MONSTER SERVICE, INC.			
Principal Place of Business 49 N FEDERAL HWY #106 POMPANO BEACH, FL 33062		Mailing Address 49 N FEDERAL HWY #106 POMPANO BEACH, FL 33062	
2. Principal Place of Business, No P.O. Box # #141 5020 CLARK RD #141		3. Mailing Address 5020 CLARK RD #141	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34233		Zip 34233	
Country 		Country 	
6. Name and Address of Current Registered Agent VEDOVA, CRAIG J JR 5020 CLARK ROAD #141 SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST VEDOVA, CRAIG J JR 5020 CLARK RD #141 SARASOTA, FL 34233	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
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 CRAIG J. VEDOVA, JR	
Date		Daytime Phone #	

Monster Service, Inc.
5020 Clark Rd. #141
Sarasota, FL 34233

ATTACHMENT
40099393
P06000077753

Div of Corporations
P.O. Box 6198
Tallahassee, FL 32314