


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAY -2 AM 7:13



05012007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000107036</b>					
1. Entity Name <b>ORT SERVICES, INC.</b>					
Principal Place of Business <b>3440 MARINATOWN LANE, N.W. 201 NORTH FORT MYERS, FL 33903</b>			Mailing Address <b>3440 MARINATOWN LANE, N.W. 201 NORTH FORT MYERS, FL 33903</b>		
2. Principal Place of Business - No P.O. Box # <b>3442 Marinatown Ln</b> Suite, Apt. #, etc.			3. Mailing Address <b>3442 Marinatown Ln</b> Suite, Apt. #, etc.		
City & State <b>North Fort Myers FL</b>		City & State <b>North Fort Myers FL</b>		4. FEI Number <b>20-5691186</b>	
Zip <b>33903</b>		Country <b>Lee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PIERROT, WALTER 3440 MARINATOWN LANE, N.W. 201 NORTH FORT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD O'NEILL, JAMES L SR. 3442 MARINATOWN LANE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Alfred Paniagua 3442 Marinatown Ln North Fort Myers FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIERROT, WALTER 3442 MARINATOWN LANE NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dean Fox 3442 Marinatown Ln North Fort Myers FL 33903	<input type="checkbox"/> Change <input checked="" 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	<b>400103198004</b> <b>05/24/07--01028--009 **150.00</b>	<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
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: <u>Alfred Paniagua</u> <b>Alfred Paniagua</b> <u>5/1/07</u> <u>239 997-7110</u>					