



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90122 031 \*\*\*150.00

<b>DOCUMENT # P07000034733</b> 1. Entity Name <b>APPOINTMENT SETTING SERVICES, INC.</b>					
Principal Place of Business <b>5305 RAWLF ROAD</b> <b>TAMPA, FL 33625 US</b>				Mailing Address <b>5305 RAWLF ROAD</b> <b>TAMPA, FL 33625 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5305 RAWLS RD.</b>		3. Mailing Address <b>5305 RAWLS RD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>			
Zip <b>33625</b>		Country <b>HILLSBOROUGH</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip <b>33625</b>		Country <b>HILLSBOROUGH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NETTLETON, ADELE S</b> <b>5305 RAWLF ROAD</b> <b>TAMPA, FL 33625</b>				7. Name and Address of New Registered Agent Name <b>FRANCO, ADELE S</b> Street Address (P.O. Box Number is Not Acceptable) <b>5305 RAWLS ROAD</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33625</b>	
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 <u><i>ADELE FRANCO</i></u> <u><i>Adèle Franco</i></u> <u><i>8/9/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NETTLETON, ADELE S 5305 RAWLF ROAD TAMPA, FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANCO, ADELE S 5305 RAWLS ROAD TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NETTLETON, ADELE S 5305 RAWLF ROAD TAMPA, FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANCO, ADELE S 5305 RAWLS ROAD TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. NETTLETON, ADELE S 5305 RAWLF ROAD TAMPA, FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY FRANCO, ADELE S 5305 RAWLS ROAD TAMPA, FL 33625	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA NETTLETON, ADELE S 5305 RAWLF ROAD TAMPA, FL 33625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER FRANCO, ADELE S 5305 RAWLS ROAD TAMPA, FL 33625	<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
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><i>Adèle Franco</i></u>			<u><i>8/9/08</i></u> <u><i>813-961-2862</i></u> <small>Date Daytime Phone #</small>		