## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000080675

KEN, HOLLOWELL M

ORLANDO, FL 32819 US

7751 KINGSPOINT PARKWAY

Name:

Address:

City-St-Zip:

Entity Name: FLEETSERVICE, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	SPOINTE F	PARKWAY	11245 SATELLITE BLVD		
124 ORLANDO	, FL 32819	US	ORLANDO, FL 32837	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	751 KINGSPOINTE PARKWAY		11245 SATELLITE BLVD		
124 ORLANDO	, FL 32819	US	ORLANDO, FL 32837	US	
FEI Number:	26-0540262	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
SUITE 201 KEYSTONI	RENCE BL E HEIGHTS named enti	S, FL 32656 US	purpose of changing its registered c	office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS	S AND DIR	ECTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:		() Delete AMES A JR. WOOD LANE 6T, FL 32137 US	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	118 BRUSH	()Delete AMES A SR. WOOD LANE ST, FL 32137 US	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:		() Delete JAMES TE WEST BLVD. N, FL 34209 US	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title:	MR.	(X) Delete	Title:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A. MERRILL SR CEO 03/25/2009