

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000052096

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** MULTISTATE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

5908 ARMIDE ST  
NORTH LAS VEGAS, NV 89081

**New Principal Place of Business:**

**Current Mailing Address:**

5908 ARMIDE ST  
NORTH LAS VEGAS, NV 89081

**New Mailing Address:**

**FEI Number:** 27-0588377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARTIN, LANCE  
630 BREVARD AVENUE #201  
COCOA, FL 32922 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHANSON, CAROLE  
Address: 5908 ARMIDE ST  
City-St-Zip: NORTH LAS VEGAS, NV 89081

Title: TS  
Name: SPECTOR, JODI  
Address: 5908 ARMIDE ST  
City-St-Zip: NORTH LAS VEGAS, NV 89081

I hereby 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 all other like empowered.

SIGNATURE: CAROLE JOHANSON

PD

02/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date