

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000088462

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** GREATER SERVICES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

5201 JADE CIR  
BELLE ISLE, FL 32812

**New Principal Place of Business:**

5129 DORIAN AVE.  
BELLE ISLE, FL 32812

**Current Mailing Address:**

5201 JADE CIR  
BELLE ISLE, FL 32812

**New Mailing Address:**

5129 DORIAN AVE.  
BELLE ISLE, FL 32812

**FEI Number:** 45-3604346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RODRIGUEZ, MEGAN  
5201 JADE CIR  
BELLE ISLE, FL 32812 US

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

RODRIGUEZ, MEGAN  
5129 DORIAN AVE.  
BELLE ISLE, FL 32812 US

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

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ, MEGAN  
Address: 5129 DORIAN AVE  
City-St-Zip: BELLE ISLE, FL 32812

Title: T  
Name: RODRIGUEZ, JOSE  
Address: 5129 DORIAN AVE.  
City-St-Zip: BELLE ISLE, FL 32812

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: MEGAN RODRIGUEZ

PRES

04/30/2012

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

\_\_\_\_\_  
Date