2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000012138

1. Entity Name
SERVICE OF THE SOUTH - OVIEDO, INC.

Principal Place of Business	Mailing Address
160 E. BROADWAY OVIEDO, FL 32765 US	PO BOX 622143 OVIEDO, FL 32765 US

03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3161149
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, CHARLOTTE A
160 E BROADWAY
OVIEDO, FL 32765

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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 Charlotte A. Webster CHARLOTTE A. WEBSTER 3-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000278883
03/28/05-80048-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WEBSTER, CHARLOTTE A
STREET ADDRESS	1300 SNAPPING TURTLE RD
CITY-ST-ZIP	MIMS, FL 32754
TITLE	VD
NAME	WEBSTER, JAMES A
STREET ADDRESS	1300 SNAPPING TURTLE RD
CITY-ST-ZIP	MIMS, FL 32754
TITLE	T
NAME	WEBSTER, DOUG
STREET ADDRESS	304 CELERY CIR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	S
NAME	WEBSTER, STACIE
STREET ADDRESS	304 CELERY CIR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charlotte A. Webster CHARLOTTE A. WEBSTER 3-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #