

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90004 007 \*\*\*550.00

**DOCUMENT # P92000014021**

1. Entity Name

SERVICE INDUSTRIES, INC.



Principal Place of Business

810 N.W. 25TH AVENUE  
SUITE 102  
OCALA FL 34475

Mailing Address

P O BOX 1450  
OCALA FL 34478-1450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0379881**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEALY, FRANK F  
810 N.W. 25TH AVENUE  
STE 102  
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	LABONTE, JULES R	
STREET ADDRESS	810 N.W. 25TH AVE SUITE 102	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LABONTE, JOSEPH E	
STREET ADDRESS	810 N.W. 25TH AVE SUITE 102	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	P	<input type="checkbox"/> Delete
NAME	HEALY, FRANK-F	
STREET ADDRESS	810 NW 25TH STE 102	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	RZEPECKI, FRANKLIN J	
STREET ADDRESS	810 NW 25TH AVE SUITE 102	
CITY-ST-ZIP	OCALA FL 34475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #