

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 006 ***150.00

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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**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Sec-Tres

Joseph A Labonte

4-28-06

Date

Daytime Phone #