## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000013751

Entity Name: F L TECHNICAL SERVICE, INC.

CASSELBERRY, FL 32707

City-St-Zip:

FILED Apr 25, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1044 MILLER DRIVE ALTAMONTE SPRINGS, FL 32714 LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 300667 LONGWOOD, FL 32730 US FEI Number: 59-2688660 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONIGLIO, CURT 1016 SHERRYWOOD STREET FERN PARK, FL 32730 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CONIGLIO, CURT Name: Name: P.O. BOX 300667 Address: Address: City-St-Zip: LONGWOOD, FL 32730 US City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition Name: OLIVER, THOMAS R Name: OLIVER, THOMAS R 2114 KEWANNEE TRAIL Address: 4515 WILLOW BEND Address:

Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CURT CONIGLIO PRES 04/25/2008

MELBOURNE, FL 32935 US