

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

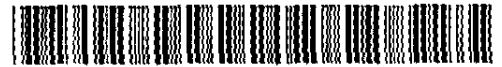
DOCUMENT # P93000023037

1. Entity Name
AYS OFFICE SERVICES, INC.



Principal Place of Business
**2145 14TH AVENUE
STE 6
VERO BEACH, FL 32960 US**

Mailing Address
**PO BOX 6887
VERO BCH, FL 32961 US**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0398646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEGAL, DEBORAH
2145 14TH AVENUE STE 6
VERO BEACH, FL 32960**

**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 _____ (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 **PS**
NAME **SEGAL, DEBORAH B**
STREET ADDRESS **2145 14TH AVE STE 6**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **TD**
NAME **SEGAL, DEBORAH B**
STREET ADDRESS **2145 14TH AVE STE 6**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **V**
NAME **SEGAL, STUART**
STREET ADDRESS **2145 14TH AVE., STE 6**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000422186
02/17/06-80005-001 450.00

**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: *Deborah Segal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06
Date

Daytime Phone #