

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90033 005 ***150.00

DOCUMENT # P94000001479

1. Entity Name
EVENT MANAGEMENT SERVICES, INC.



Principal Place of Business
1127 GROVE STREET
CLEARWATER, FL 33755

Mailing Address
1127 GROVE STREET
CLEARWATER, FL 33755

40063096



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3215324

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, MARSHA
1127 GROVE STREET
CLEARWATER, FL 33755

**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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRIEDMAN, MARSHA
STREET ADDRESS 1127 GROVE STREET
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE VT
NAME FRIEDMAN, STEPHEN
STREET ADDRESS 1127 GROVE STREET
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE S
NAME FRIEDMAN, RACHEL
STREET ADDRESS 1127 GROVE STREET
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE O
NAME FRIEDMAN, DAMON
STREET ADDRESS 1127 GROVE STREET
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Marsha Friedman MARSHA FRIEDMAN PRES. 4/9/08 727.443-2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #