

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90029 016 \*\*\*158.75

**DOCUMENT # P94000087010**

1. Entity Name  
NORTH AMERICAN TECHNOLOGY SERVICES, INC.



Principal Place of Business  
4820 PARK BLVD.  
PINELLAS PARK, FL 33781

Mailing Address  
4820 PARK BLVD.  
PINELLAS PARK, FL 33781

**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3280529

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PATRICK M. O'CONNOR, P.A.  
1250 S BELCHER  
SUITE 160  
LARGO, FL 33771

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
OBERDING, JACK  
4820 PARK BLVD  
PINELLAS PARK, FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSTV  
GEIGER, GLEN  
4820 PARK BLVD  
PINELLAS PARK, FL 33781

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DIFABIO, JOSEPH W  
10615 BARDS CT  
LARGO, FL 33777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
O'NEILL, BRIAN  
318 CORDOVA BLVD NE  
ST PETERSBURG, FL 33704

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Glen E. Geiger* 3/28/2007 Glen E. Geiger 727 545-4288