

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022523

Entity Name: FRVTA SERVICE CORP.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

10510 GIBSONTON DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10510 GIBSONTON DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 65-0585008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNBAR, MARC
215 S. MONROE ST.
2ND FLOOR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WILSON, DAVID L
Address: 2440 ROBERTA LN
City-St-Zip: CLEARWATER, FL

Title: VTD () Delete
Name: KELLY, DAVID J
Address: 17631 NATHANS DR.
City-St-Zip: TAMPA, FL 33647

Title: SDT () Delete
Name: ALFONSO, DESIREE
Address: 10210 GIBSONTON DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: WHIDDEN, JIM
Address: 670 SPARROW AVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DESIREE ALFONSO

SDTD

04/26/2005

Electronic Signature of Signing Officer or Director

Date