


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000043381</b> 1. Entity Name <b>SCHEDULING SERVICES INC., OF FLORIDA</b>	
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Principal Place of Business <b>242 STRATHMORE CIR KISSIMMEE, FL 34744</b>	Mailing Address <b>PO BOX 701092 ST CLOUDS, FL 34770</b>
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01252008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3317348</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>JOHNSON, WADE F JR. 2901 CURRY FORD RD STE 212 ORLANDO, FL 32806</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FETTEROLF, KAREN 242 STRATHMORE CIR KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FETTEROLF, DONALD 242 STRATHMORE CIR KISSIMMEE, FL 34744
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01/31/08-80019-003 158.75

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1-25-08</b> <small>Date</small>	<b>407.344.3030</b> <small>Daytime Phone #</small>
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