2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# P96000044669

Entity Name: FLORIDAN SERVICES, INC.

Current Principal Place of Business:

17601 SW 18TH ST
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

17601 SW 18TH ST
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 65-0668755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLOUTHIER, LARRY
17601 SW 18TH ST
MIRAMAR, FL 33029 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: P ( ) Delete
Name: SANTOR, DAN
Address: 706 NW 177TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete
Name: CLOUTHIER, ANTOINETTE
Address: 17601 SW 18CT ST
City-St-Zip: MIRAMAR, FL 33029

Title: CEO ( ) Delete
Name: CLOUTHIER, LAWRENCE
Address: 17601 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: S ( ) Delete
Name: SANTOR, KAREN
Address: 706 NW 177TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: ANTOINETTE CLOUTHIER T 02/18/2005

Electronic Signature of Signing Officer or Director — Date