

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90045 018 ***150.00

DOCUMENT # P96000084798

1. Entity Name

FIADA SERVICES CORP., INC.



Principal Place of Business

4162 EDGEWATER DRIVE
ORLANDO FL 32804-2296

Mailing Address

4162 EDGEWATER DRIVE
ORLANDO FL 32804-2296

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3443080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERS, LARRY
4162 EDGEWATER DRIVE
ORLANDO FL 32804-2296

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NOEGEL, LARRY	
STREET ADDRESS	1018 N TEMPLE AVENUE	
CITY-ST-ZIP	STARKE FL 32091-2113	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, DON	
STREET ADDRESS	5901 S PINE AVE	
CITY-ST-ZIP	OCALA FL 34480-7512	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTERICK, JIM	
STREET ADDRESS	3033 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	MD	<input type="checkbox"/> Delete
NAME	PETERS, LARRY	
STREET ADDRESS	4162 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804-2296	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Larry Peters

Larry Peters, Executive VP

4/2/04

407/291-8447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #