

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104587

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: GOVERNMENT SERVICES GROUP, INC.

**Current Principal Place of Business:**

1500 MAHAN DRIVE STE 250  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1500 MAHAN DRIVE STE 250  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-3419105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ENCINOSA, HEATHER J  
1500 MAHAN DRIVE STE 200  
TALLAHASSEE, FL 32308      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: D      ( ) Delete  
Name: NABORS, ROBERT L  
Address: 1500 MAHAN DRIVE STE 250  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: BROWN, MARK  
Address: 1500 MAHAN DRIVE SUITE 250  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: SWEAT, CHARLES L  
Address: 614 NORTH WYMORE RD.  
City-St-Zip: WINTER PARK, FL 32789

Title: D      ( ) Delete  
Name: SHEETS, ROBERT E  
Address: 1500 MAHAN DRIVE STE 250  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: THARPE, CAMILLE P  
Address: 1500 MAHAN DRIVE STE 250  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: SWEAT, CHARLES L  
Address: 280 WEKIVA SPRINGS ROAD, SUITE 203  
City-St-Zip: LONGWOOD, FL 32779

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: CAMILLE P. THARPE

D

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date