

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000104587

1. Entity Name

GOVERNMENT SERVICES GROUP, INC.



Principal Place of Business

1500 MAHAN DR.
SUITE 250
TALLAHASSEE, FL 32308

Mailing Address

1500 MAHAN DR.
SUITE 250
TALLAHASSEE, FL 32308



01242006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3419105

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENCINOSA, HEATHER J
1500 MAHAN DRIVE STE 200
TALLAHASSEE, FL 32308

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NABORS, ROBERT L
STREET ADDRESS	1500 MAHAN DRIVE STE 250
CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	BROWN, MARK
STREET ADDRESS	1500 MAHAN DRIVE SUITE 250
CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	SWEAT, CHARLES L
STREET ADDRESS	280 WEKIVA SPRINGS ROAD, SUITE 203
CITY-STATE-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	SHEETS, ROBERT E
STREET ADDRESS	1500 MAHAN DRIVE STE 250
CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	THARPE, CAMILLE P
STREET ADDRESS	1500 MAHAN DRIVE STE 250
CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/07/06-80053-015 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/06 850-681-3717