2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007437

Entity Name: COMPLETE SERVICES OF SOUTH FLORIDA, INC.

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1401 PARKLAND BLVD. 888 HWY 441 SE

FORT PIERCE, FL 34982 OKEECHOBEE, FL 34974

Current Mailing Address: New Mailing Address:

1401 PARKLAND BLVD. 888 HWY 441 SE

FORT PIERCE, FL 34982 OKEECHOBEE, FL 34974

FEI Number: 65-0722595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALMON, NITA

1401 PARKLAND BLVD.

SALMON, NITA

888 HWY 441 SE

FORT PIERCE, FL 34982 US OKEECHOBEE, FL 34974 US

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: NITA SALMON 03/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 SALMON, NITA
 Name:
 SALMON, NITA

 Address:
 1401 PARKLAND BLVD.
 Address:
 888 HWY 441 SE

City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: OKEECHOBEE, FL 34974

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NITA SALMON PRES 03/09/2006