


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000025845**  
 1. Entity Name  
**THE SERVICES GROUP, INC.**



Principal Place of Business  
**401 NW 13TH DR  
 BOCA RATON, FL 33486**

Mailing Address  
**PO BOX 2871  
 BOCA RATON, FL 33427**

**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0744125** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORAVICK, ROBERT T  
 6649 SOMMERSET DR #104A  
 BOCA RATON, FL 33433**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORAVICK, ROBERT T
STREET ADDRESS	P O BOX 2871 N/A
CITY - ST - ZIP	BOCA RATON, FL 33427
TITLE	STD
NAME	MORAVICK, DAVID J
STREET ADDRESS	P O BOX 2871 N/A
CITY - ST - ZIP	BOCA RATON, FL 33427
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David J. Moravick **DAVID J. MORAVICK** 3/14/05 561-239-2337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #