


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90485 018 \*\*\*158.75

**DOCUMENT # P97000063456**

1. Entity Name  
**SERVITUR, INC.**



Principal Place of Business      Mailing Address

1932 OLE HERITAGE DR.      1932 OLE HERITAGE DR.  
 SUITE 19201      SUITE 19201  
 ORLANDO, FL 32839      ORLANDO, FL 32839

**94066283**

2. Principal Place of Business      3. Mailing Address

*11742 Pethrick Drive*      *11742 Pethrick Drive*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Orlando, FL*      *Orlando, FL*

Zip      Country      Zip      Country

*32824*      *USA*      *32824*      *USA*

02252004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**59-3460456**      Not Applicable

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

6. Name and Address of Current Registered Agent

**OVADIA, ELIAS**  
 1932 OLE HERITAGE DRIVE  
 STE 19201  
 ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name  
*OVADIA, ELIAS*

Street Address (P.O. Box Number is Not Acceptable)  
*11742 PETHRICK DRIVE*

City      State      Zip Code

*ORLANDO*      **FL**      *32824*

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: *Shes Ambler*      *ELIAS OVADIA*      *3/01/04*

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**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVADIA, ELIAS 1932 OLE HERITAGE DR STE 19201 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP OVADIA, ELIAS 11742 PETHRICK DRIVE ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shes Ambler*      *ELIAS OVADIA, President*      *3/01/04*      *407-509-9138*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #