

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90014 037 ***150.00

DOCUMENT # P97000071652			
1. Entity Name EVENT SERVICES INT'L, INC.			
Principal Place of Business 14540 FARRINGTON WAY # 202 FORT MYERS, FL 33912		Mailing Address 14540 FARRINGTON WAY # 202 FORT MYERS, FL 33912	
2. Principal Place of Business 9938 HORSE CREEK RD.		3. Mailing Address 9938 HORSE CREEK RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS		City & State FORT MYERS	
Zip 33913		Zip 33913	
Country		Country	
4. FEI Number 65-0783907		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FULLER, PAMELA C 14540 FARRINGTON WAY # 202 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9938 HORSE CREEK RD. City FORT MYERS FL Zip Code 33913	
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 Due by September 6, 2006		9. Election Campaign Financing (Trust Fund Contribution) <input type="checkbox"/> \$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	DP CHERITON-FULLER, PAMELA 14540 FARRINGTON WAY # 202 FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9938 HORSE CREEK RD. FORT MYERS, FL 33913
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
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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: <i>Pamela C. Cheriton-Fuller</i>		Date <i>Sept 4 2006</i> Daytime Phone # <i>239-561-2554</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	