


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 08, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000003016</b> 1. Entity Name FALCON SERVICES, INC.	
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Principal Place of Business 4900 WILDERNESS TRAIL SEBRING, FL 33872-9783	Mailing Address 4900 WILDERNESS TRAIL SEBRING, FL 33872-9783
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06042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0905841	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  WREDE, DAVID 4900 WILDERNESS TRAIL SEBRING, FL 33872-9783
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reissuing)	DATE _____
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**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WREDE, DAVID P 4900 WILDERNESS TR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WREDE, KAREN R 4900 WILDERNESS TR SEBRING, FL 33872
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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)(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: <u>David P. Wrede</u> <u>DAVID P WREDE</u> <u>6/6/2005</u> <u>863-385-2710</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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