


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000033926 1. Entity Name EVENT-FULL SERVICES, INC.	
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FILED
Sep 18, 2008 08:00 AM
Secretary of State

Principal Place of Business 1100 SUNILAND AVE. ALTAMONTE SPRINGS, FL 32701	Mailing Address 1100 SUNILAND AVE. ALTAMONTE SPRINGS, FL 32701
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08312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3573414	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CURRAN, LYNNE E 1100 SUNILAND AVE. ALTAMONTE SPRINGS, FL 32701

**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.

U00000959840
09/18/08-90002-010 150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

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	SPD CURRAN, LYNNE E 1100 SUNILAND AVE. ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CURRAN, PETER E 1100 SUNILAND AVE. ALTAMONTE SPRINGS, FL 32701
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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 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: Lynne E Curran, LYNNE E CURRAN, Pres 8/31/08 407-260-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #