

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000060991

1. Entity Name
EXECUTIVE MANAGEMENT SERVICES INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 24 AM 8: 03

Principal Place of Business
**644 CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32301**

Mailing Address
**644 CAPITAL CIRCLE N.E.
TALLAHASSEE, FL 32301**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
PO BOX 13089
Suite, Apt. #, etc.
City & State
Zip **32317** Country

03192008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1541103

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**RHINEHART, ROBERT S
2710 PINE RIDGE RD.
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
644 CAPITAL CIRCLE NE
City **TALLAHASSEE** FL Zip Code **32301**

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 DATE **3/21/08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
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03/24/08--01001--033 **150.00

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: DATE **3/21/08** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR