2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P99000106743 1. Enlity Name 1.F.R. SERVICES, INC.					03-14-2005 90110 012 ***150.00				
Principal Place of Business Mailing Address				i		F 00			
19216 FISHER ISLAND DRIVE 19216 FISHER ISLAND DRIV FISHER ISLAND, FL 33109 FISHER ISLAND, FL 33109			RIVE 9	100(ruur	50026039				
2. Principal P	face of Business	3. Mailing Address						 	
8047	L FISHER ISLAND	8042 FISHE	8042 FISHEY IS CAMO DI Suite, Apt. #, etc.		118 ISIES ISIIX SSIII SSIII SSI	£		1881 H 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03072005	Chg-P	CR2E034 (1	10/03)		
City & State FISHAV 1.5CAND FL Zip Country		City & State FISHER IS LAND FL		4. FEI Num 65-10			Not	plied For Applicable	
3310	S Country	33109	Country USA	5. Certifical	e of Status Desired		75 Addi Required		
	6. Name and Address of Current		<u> </u>	7. Name ar	d Address of New R		•	<u> </u>	
<u> </u>				Name					
JONES, STEPHEN C 19210 FISHER ISLAND DRIVE 804 7 FISHER ISLAND, FL 33109				STEPHEN TONES Street Address (P.O. Box Number is Not Acceptable)					
			804	2 FISH	EV ISLA	no É	/		
			City F	SHEN IS	, pul	FL 4	ip Code	9	
8. The above the obligat	named entity submits this statement foilons of registered agent. Signature, typed or printed plane of registered agent.	e Ju	gistered office or re	egistered agent, or b	oth, in the State of Flo	3//o/	ar with, a	and accept	
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees		· · · · · ·			
10.	OFFICERS AND		11.	ADDITION	S/CHANGES TO OFF	ICERS AND DIR	ECTORS	IN 11	
TITLE	D	Delete	TITLE P	May 18	STEPH LIGHER ISU 18LAMP,	الا مدي	Change	☐ Addition	
NAME STREET ADDRESS	JONES, STEPHEN C 19216 FISHER ISLAND DRIVE	8042	NAME STREET ADDRESS	90.42	121 774 6	AND Dr	IUZ		
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			CITY-ST-ZIP						

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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

3/10/05 30

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