

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V58122

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** PEOPLE'S SERVICE CENTER, INC.

**Current Principal Place of Business:**

1011 W. MAIN ST.  
UNIT 3  
IMMOKALEE, FL 34142 US

**New Principal Place of Business:**

**Current Mailing Address:**

1011 W. MAIN ST.  
UNIT 3  
IMMOKALEE, FL 34142 US

**New Mailing Address:**

1011 W MAIN STREET  
UNIT # 3  
IMMOKALEE, FL 34142 US

**FEI Number:** 65-0372117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALL, COLETTE  
611 JEFFERSON AVENUE  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: HALL, COLETTE  
Address: 1011 W MAIN STREET, UNIT # 3  
City-St-Zip: IMMOKALEE, FL 34142

Title: VSD  
Name: HALL, COLETTE  
Address: 1011 W MAIN STREET, UNIT # 3  
City-St-Zip: IMMOKALEE, FL 34142

Title: VPS  
Name: HERARD, PETER  
Address: 2421 2ND AVE. NORTH EAST  
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COLETTE HALL

PT

05/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date