

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000014511

**Entity Name:** JOHN A. SABATKA SERVICES, INC.

**Current Principal Place of Business:**

1312 SHADY COVE RD W  
HAINES CITY, FL 33844

**Current Mailing Address:**

1312 SHADY COVE RD W  
HAINES CITY, FL 33844

**FEI Number:** 26-1921413

**Certificate of Status Desired:** No

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

SABATKA, JOHN A  
1312 SHADY COVE RD W  
HAINES CITY, FL 33844 US

*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

**Officer/Director Detail :**

Title	P	Title	S
Name	SABATKA, JOHN A	Name	SMITH, DONNA L
Address	1312 SHADY COVE RD W	Address	1312 SHADY COVE RD W
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

*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:** JOHN A SABATKA

**PRESIDENT**

**04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date