


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 615457
 1. Entity Name
FLORIDA METER SERVICE COMPANY



Principal Place of Business Mailing Address
 1939 CONNERS CHURCH ROAD PO BOX 216
 COBBTOWN, GA 30420 COBBTOWN, GA 30420 US

DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1991412 Not Applicable

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

6. Name and Address of Current Registered Agent
VANCE, L. ALEXANDER
VANCE AND LOFANE, P.A.
200 BREVARD AVE
COCOA, FL 32922

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.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	EDGAR, TIMOTHY LOUIS
STREET ADDRESS	1939 CONNERS CHURCH RD
CITY-ST-ZIP	COBBTOWN, GA 30420
TITLE	T
NAME	EDGAR, AMELIA G.
STREET ADDRESS	130 MILES RD
CITY-ST-ZIP	METTER, GA 30439
TITLE	SEC
NAME	EDGAR, JOHN TIMOTHY
STREET ADDRESS	130 MILES ROAD
CITY-ST-ZIP	METTER, GA 30439
TITLE	V
NAME	EDGAR, HOLLY P
STREET ADDRESS	1939 CONNERS CHURCH RD
CITY-ST-ZIP	COBBTOWN, GA 30420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 05/01/07-80149-010 150.00

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: Holly P. Edgar 4/18/07 Date: 9/12-684-3390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dist. or Phone #

Holly P. Edgar VP