


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000009458**  
 1. Entity Name  
**ADVISOR SERVICES, INC.**



Principal Place of Business 2170 W SR 434 STE 312 STE 221 LONGWOOD, FL 32779	Mailing Address 2170 W SR 434 STE 312 STE 221 LONGWOOD, FL 32779
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3695234</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BATEMAN, TIM**  
 2170 W SR 434 STE 312  
 LONGWOOD, FL 32779

**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

U00000582961  
 01/11/07-80051-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BATEMAN, TIMOTHY 536 DEW DROP COVE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCONNELL, BARRY 207 HICKORY DR LONGWOOD, FL 32779
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Tim Bateman* **Tim Bateman** President *1/8/07* 407-80-0466  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #