

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042636

Entity Name: L.S. CURB SERVICE, INC.

FILED  
Jul 10, 2007  
Secretary of State

## Current Principal Place of Business:

5738 HORTON ROAD  
PLANT CITY, FL 33567

## New Principal Place of Business:

1917 COLSON ROAD  
PLANT CITY, FL 33567

## Current Mailing Address:

5738 HORTON ROAD  
PLANT CITY, FL 33567

## New Mailing Address:

1917 COLSON ROAD  
PLANT CITY, FL 33567

FEI Number: 59-3252745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAKES, LEAFORD  
5738 HORTON ROAD  
PLANT CITY, FL 33567 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: D ( ) Delete  
Name: SHAKES, LEAFORD  
Address: 5738 HORTON ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: V ( ) Delete  
Name: SHAKES, YVONNE  
Address: 5738 HORTON RD  
City-St-Zip: PLANT CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEAFORD SHAKES

PRES

07/10/2007

Electronic Signature of Signing Officer or Director

Date