

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H98023 1. Entity Name MEMBERS SERVICE CORPORATION	
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Principal Place of Business % EDWARD J. GALLAGLY P O BOX 18605 TAMPA, FL 33679	Mailing Address % EDWARD J. GALLAGLY P O BOX 18605 TAMPA, FL 33679
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2678556	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALLAGLY, EDWARD J. 3333 HENDERSON BLVD. TAMPA, FL 33609
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

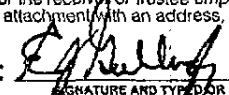
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGLY, EDWARD J. 3110 FAIR OAKS AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINES, NED L 30825 WHITLOCK DR WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESLEY, DAVID 34817 DOUBLE EAGLE CT. ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000397092
01/30/06-80034-021 158.75

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IN THIS SPACE**

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:  **Edward J. Gallagher** 1-18-06 (913) 879-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #