

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90124 008 \*\*\*150.00

60012843



01082007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 228703</b> 1. Entity Name <b>BUSINESS CONTROL SERVICE INC</b>					
Principal Place of Business <b>435 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114</b>			Mailing Address <b>435 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>59-0874282</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>BELUS, ALLEN M. 3028 S. PENINSULA DR DAYTONA BEACH, FL 32118</b>	
7. Name and Address of New Registered Agent Name <b>MICHAEL A. BELUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>435 S. RIDGEWOOD AVE #210</b> City <b>DAYTONA BEACH, FL 32114</b>				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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELUS, PATRICIA D 3028 S. PENINSULA DR DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELUS, ALLEN M 3028 S. PENINSULA DR DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELUS, ALLEN M. 1969 Crane Lakes Blvd Port Orange, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELUS, MICHAEL A 3028 S. PENINSULA DR DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELUS, MICHAEL A 435 S. RIDGEWOOD AVE #210 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:			Date: <b>2-1-07</b> Daytime Phone #: <b>386-2555454</b>		