

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252664

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: COLLECTION SERVICES, INC.

## Current Principal Place of Business:

180 E BURGESS RD  
SUITE G  
PENSACOLA, FL 32503 US

## New Principal Place of Business:

## Current Mailing Address:

180 E BURGESS RD  
SUITE G  
PENSACOLA, FL 32503 US

## New Mailing Address:

FEI Number: 59-0948576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POWELL, JEFFREY A  
180 E BURGESS RD  
SUITE G  
PENSACOLA, FL 32503 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CST ( ) Delete  
Name: AGERTON, LAVONNE  
Address: 180 E BURGESS RD SUITE G  
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete  
Name: POWELL, JEFFREY A.,  
Address: 180 E BURGESS RD SUITE G  
City-St-Zip: PENSACOLA, FL 32503

Title: VD ( ) Delete  
Name: THOMPSON, W. RYDER  
Address: 180 E BURGESS RD SUITE G  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LAVONNE C. AGERTON

CST

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date