## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-7IP

SIGNATURE

## Mar 23, 2006 8:00 am Secretary of State **DOCUMENT #483493** 03-23-2006 90015 005 \*\*\*150.00 1. Entity Name CUSTOMER SERVICE, INC. Principal Place of Business Mailing Address 150 OXFORD ROAD, SUITE 140 150 OXFORD ROAD, SUITE 140 50004822 P 0 BOX 300789 P 0 BOX 300789 FERN PARK, FL 32730-7789 FERN PARK, FL 32730-7789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 CR2E034 (11/05) Chg-P City & State Applied For City & State 4. FEI Number 59-1616886 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, PETER G. Street Address (P.O. Box Number is Not Acceptable) 315 GREYTWIG ROAD VERO BEACH, FL City Zip Code 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 Fiorida. 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 reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE Addition ROBINSON, PETER G. NAME NAME 3201 CARDINAL DR P-5 STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE VD Detete TITLE <sup>VD</sup>Joseph D. Robinson, I√ <sup>Change</sup> SHUTTS, ROBERT T. NAME NAME 150 Oxford Road, Suite 140 STREET ADDRESS 150 OXFORD RD. SUITE 140 STREET ADDRESS Fern Park, FL 32730 -CITY-ST-ZIP FERN PARK, FL 32730 CITY-ST-ZIP DAS Delete TITLE ☐ Change TITLE ☐ Addition ROBINSON, LAURA C. NAME NAME STREET ADDRESS 150 OXFORD RD SUITE 140 STREET ADDRESS CITY-ST-7IP FERN PARK, FL 32730 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition SHUTTS, ROBERT T. NAME NAME 150 OXFORD ROAD SUITE 140 STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP FERN PARK, FL 32730 CITY-ST-ZIP Delete Change ☐ Addition TITLE RIDGWAY, JANET L NAME NAME STREET ADDRESS 705 YOUNGSTOWN PARKWAY, #359 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP Defete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS 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.

**FILED**