

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90155 035 ***150.00

DOCUMENT # 483493

1. Entity Name
CUSTOMER SERVICE, INC.



Principal Place of Business Mailing Address
 150 OXFORD ROAD, SUITE 140 150 OXFORD ROAD, SUITE 140
 P O BOX 300789 P O BOX 300789
 FERN PARK, FL 32730-7789 FERN PARK, FL 32730-7789

40058917



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1616886 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, PETER G.
315 GREYTMG ROAD
VERO BEACH, FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

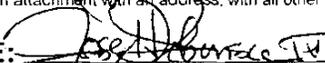
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, PETER G.	
STREET ADDRESS	3201 CARDINAL DR P-5	
CITY - ST - ZIP	VERO BEACH, FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, JOSEPH D IV	
STREET ADDRESS	150 OXFORD RD, SUITE 140	
CITY - ST - ZIP	FERN PARK, FL 32730	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	ROBINSON, LAURA C.	
STREET ADDRESS	150 OXFORD RD SUITE 140	
CITY - ST - ZIP	FERN PARK, FL 32730	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHUTTS, ROBERT T.	
STREET ADDRESS	150 OXFORD ROAD SUITE 140	
CITY - ST - ZIP	FERN PARK, FL 32730	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIDGWAY, JANET L	
STREET ADDRESS	705 YOUNGSTOWN PARKWAY, #359	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Joseph D. Robinson, IV** 4/10/07 407-831-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use Continue F112-07