

# 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  
150 OXFORD ROAD, SUITE 140  
P O BOX 300789  
FERN PARK, FL 32730-7789

Mailing Address  
150 OXFORD ROAD, SUITE 140  
P O BOX 300789  
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

4. FEI Number

59-1616886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ROBINSON, PETER G.  
STREET ADDRESS 3201 CARDINAL DR P-5  
CITY-ST-ZIP VERO BEACH, FL 32963

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME ROBINSON, JOSEPH D IV  
STREET ADDRESS 150 OXFORD RD, SUITE 140  
CITY-ST-ZIP FERN PARK, FL 32730

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DAS  
NAME ROBINSON, LAURA C.  
STREET ADDRESS 150 OXFORD RD SUITE 140  
CITY-ST-ZIP FERN PARK, FL 32730

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME SHUTTS, ROBERT T.  
STREET ADDRESS 150 OXFORD ROAD SUITE 140  
CITY-ST-ZIP FERN PARK, FL 32730

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME RIDGWAY, JANET L  
STREET ADDRESS 705 YOUNGSTOWN PARKWAY, #359  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Signature Printed