

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**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**



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1616886</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBINSON, PETER G.  
315 GREYTWIG ROAD  
VERO BEACH, FL**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

000000903591  
04/30/08-80053-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, PETER G. 3201 CARDINAL DR P-5 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, JOSEPH D IV 150 OXFORD RD. SUITE 140 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ROBINSON, LAURA C. 150 OXFORD RD SUITE 140 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDGWAY, JANET L 705 YOUNGSTOWN PARKWAY, #359 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 APRIL 2008** **407-831-2211**  
Date Daytime Phone #