


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F9700000613
 1. Entity Name
AGENCY RELATIONS SERVICES, INC.



Principal Place of Business: **PO BOX 260984 TAMPA FL 33685**
 Mailing Address: **PO BOX 260984 TAMPA FL 33685**



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

State, Apt. #, etc.
 State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 City & State

Zip Country Zip Country

4. FEI Number **59-3414669**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MICHAELS, BONNIE J
1259 HANCROSS LANE
DELTONA FL 32738

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, etc. if applicable) (NAME Registered Agent (typed or printed name, etc. if applicable))

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DV <input type="checkbox"/> Delete
NAME	ROMERA, NANETTE
STREET ADDRESS	4190 ARDWELL WAY
CITY - ST - ZIP	SACRAMENTO CA 95823
TITLE	DPST <input type="checkbox"/> Delete
NAME	KENNEY, CHRIS
STREET ADDRESS	9067 ELLIOTT CIRCLE
CITY - ST - ZIP	TAMPA FL 33685
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 Section 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 as an attachment with an address, with all other like empowered.

SIGNATURE:  **Chris Kenney** **4-23-08** **811-884-1227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR