


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # G28459	
1. Entity Name CONTRACTORS NOTICE SERVICES, INC.	

Principal Place of Business 1541 N DALE MABRY LUTZ, FL 33549	Mailing Address P. O. BOX 355 LUTZ, FL 33549
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2335071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATERFIELD, RICHARD B 1541 N DALE MABRY #101 LUTZ, FL 33549
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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERFIELD, RICHARD P O BOX 355 LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT WATERFIELD KEVIN P O BOX 355 LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNDON, BILLY 13534 NICE LN ODESSA, FL 33556
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02/07/07-80074-001 150.00

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: R. Waterfield, president 1/30/07 813/920-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #