2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G28459

1. Entity Name
CONTRACTORS NOTICE SERVICES, INC.

Principal Place of Business	Mailing Address
1541 N DALE MABRY LUTZ, FL 33549	P. O. BOX 355 LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

02152008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2335071	Not Applicable

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

6. Name and Address of Current Registered Agent

WATERFIELD, RICHARD B
1541 N DALE MABRY #101
LUTZ, FL 33549

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 _____

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, 2008 Fee will be $550.00

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

U00000342372
03/11/08-80026-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WATERFIELD, RICHARD
STREET ADDRESS	P O BOX 355
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	SECT
NAME	WATERFIELD KEVIN
STREET ADDRESS	P O BOX 355
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	VP
NAME	HERNDON, BILLY
STREET ADDRESS	13534 NICE LN
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____   2/20/08   813/949-9345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #