2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G58783

45.

1. Entity Name BIO-SERVICES, INCORPORATED



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

1849 25TH STREET VERO BEACH, FL 32960 Mailing Address

1849 25TH STREET VERO BEACH, FL 32960



01312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2596695 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SECOR, DEBRA M 1849 25TH STREET VERO BEACH, FL 32960

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. | | | | | | | |
|---|--|-----------------|------------------|--------------------------------|---|-----------------------|------------------|
| | , | 5 | | | - Ki | | • |
| SIGNATURE_ | Signature, typed or printed name of registered agent and trill | le d applicable | Agent expositors | required when reinstation) | | DATE | |
| 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 Finance Trust Fund Contribution. | | | ing 🗆 | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIRE | ECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BURTON, JANE P 1849 25TH STREET VERO BEACH, FL 32960 | | | | | 0908988 -80052-005 | 5 150 .00 |
| TITLE NAME STREET ADDRESS CUTY-ST-ZIP | VD BURTON, THOMAS W 1849 25TH STREET VERO BEACH, FL 32960 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SECOR, DEBRA M 1849 25TH STREET VERO BEACH, FL 32960 | | | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , | IN ' | THIS SI | ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | · | , | | | *** |
| TITLE 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 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 | | | | | | | |

Java P. Braton, President