

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K67381

1. Entity Name
SERVICE OFFICE SUPPLY, INC.



Principal Place of Business
369 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

Mailing Address
369 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2932510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, JEFFREY
7130 NESTERS DR
TALLAHASSEE, FL 32312

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

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, 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 P
NAME LEVY, JEFFREY
STREET ADDRESS 7130 NESTERS DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32312

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

Jeff Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 850-942-4133
Date Daytime Phone #

**FILED
Mar 12, 2007 8:00 am
Secretary of State**

03-12-2007 90361 001 ***150.00



02012007 Chg-P CR2E034 (12/06)