


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K84643**  
 1. Entity Name  
**E & B SERVICE MANAGEMENT CO., INC.**



Principal Place of Business  
**940 ORCHID ST  
 LADY LAKE, FL 32159**

Mailing Address  
**C/O EDWARD L. BALLENGER  
 940 ORCHID ST  
 LADY LAKE, FL 32159 US**

**DO NOT WRITE IN THIS SPACE**



06112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0120625** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BALLENGER, EDWARD L.  
 940 ORCHID ST  
 LADY LAKE, FL 32159**

**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: *Edward L. Ballenger, President* **8-27-08**  
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  
 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLENGER, EDWARD L. 940 ORCHID ST LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLENGER, SANDRA L 2297 DAYTON RD NE NEWARK, OH 43055
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**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: *Sandra Ballenger* **8-27-08 (740)345-4565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Sandra Ballenger*