


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 010 ***150.00

DOCUMENT # L88946 1. Entity Name S.L.B. SERVICES, INC.					
Principal Place of Business STEPHEN BRUCKMAN 475 NORTHERN BLVD STE 38 GREAT NECK, NY 11021			Mailing Address STEPHEN BRUCKMAN 475 NORTHERN BLVD STE 38 GREAT NECK, NY 11021		
2. Principal Place of Business - No P.O. Box # 2 FAIRVIEW LANE. Suite, Apt. #, etc.			3. Mailing Address 2 FAIRVIEW LANE Suite, Apt. #, etc.		
City & State GLEN COVE, N.Y.			City & State GLEN COVE, NY		
Zip 11542		Country USA		4. FEI Number 65-0206847	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRIEFELD, SHELDON 7535 HAWKS LANDING DR WEST PALM BEACH, FL 33412			7. Name and Address of New Registered Agent (SAME) Name FRIEFELD SHELDON Street Address (P.O. Box Number is Not Acceptable) 7535 HAWKS LANDING DR City WEST PALM BEACH FL Zip Code 33412		
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: _____ DATE: 07/09/07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCKMAN, STEPHEN 475 NORTHERN BLVD GREAT NECK, NY 11021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCKMAN, STEPHEN 2 FAIRVIEW LANE GLEN COVE NY 11542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE: 07/09/07 DAYTIME PHONE: 516-482-2222		

S.L.B. SERVICES INC.

ATTACHMENT

40124941

2 Fairview Lane • Glen Cove, New York 11542

516 • 482-2222
FAX • 516 • 482-2633

July 9th, 2007

DIVISION OF CORPORATIONS
P.O. Box 1500
Tallahassee, FL 32302-1500

Reference: DOC # L88946

Dear Sir,

Enclosed is the form 2007 for PROFIT CORPORATION ANNUAL REPORT and a check in the amount of \$150.00.

On February 28th, 2007, we sent the "Change of Address Form" to Florida Department of Revenue (see enclosed copy A).

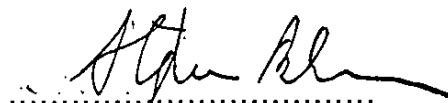
It appears that the Department of Revenue never updated their records and that caused the delayed delivery of this current notice dated 7/03/07 and received 7/6/07 (see enclosed copy B).

We never received the 2007 Annual Report Form or any previous lateness notice pertaining to the failure to file this form.

We have always filed these reports and paid the fees in a timely manner.

We would appreciate waiving the \$400.00 penalty.

Yours truly,



Stephen L. Bruckman

ATTACHMENT
40124941
L88946

Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:
The address below is not correct.
The business location changes.
The corporation name changes.

Mail to:
FLORIDA DEPARTMENT OF
REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

SLB SERVICES INC

~~PO BOX 1191~~

ROSEYV

~~NY 11576-0191~~


Signature of Officer (Required) 2/28/07
Date

FEIN of entity 65-0206847

**CHANGE
IN**

**New
Location
Address**

Business location 2 Fairview Lane
City Glen Cove State NY ZIP 11542
Business telephone 516 482-2222 County Nassau
In care of Stephen Bruckman

**New
Mailing
Address**

Mailing address
City State ZIP
Owner's telephone County

**New
Business
Name DBA
New
Corporation
Name**

AN & BRUCKMAN

Public Accountants
FAIRVIEW LANE
COVE, NY 11542

Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0100

(A)