


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M73569**  
 1. Entity Name  
**R & S SERVICES, INC.**



Principal Place of Business      Mailing Address  
**C/O RALPH W. PAY**      **R & S SERVICES INC**  
**1515 SEFFNER-VALRICO RD**      **P O BOX 651**  
**SEFFNER, FL 33584 US**      **BRANDON, FL 33509 US**



01312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2931466** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PAY, RALPH**  
**1515 SEFFNER VALRICO RD**  
**SEFFNER, FL 33584**

**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 filer if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAY, RALPH W.
STREET ADDRESS	P.O. BOX 651
CITY- ST ZIP	BRANDON, FL 335090651
TITLE	VT
NAME	PAY, SANDRA J.
STREET ADDRESS	P.O. BOX 651
CITY- ST ZIP	BRANDON, FL 335090651
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**

000000419447  
 02/15/06-80007-017 150.00

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:** *Ralph W. Pay* **RALPH W. PAY** President 1/31/06-813-685-415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR