2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90052 043 ***150.00

1. Entity Name	MENT # M98780 COUNTING SERVICE, INC	:.	,						
Principal Place of Business 3558 E CITRUS AVENUE CRYSTAL RIVER, FL 34428		Mailing Address PO BOX 1114 CRYSTAL RIVER, FL 34423 US			(3 (V =	8181) 616(1 818)		III 1151	
2. Principal Pl	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Number 59-29067	748		1	plied For t Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of	Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	t Registered Agent	1.		7. Name and A	ddress of New R	egistered A	gent	
				Name					
	NCY J. IRUS AVENUE RIVER, FL. 34428	Street Address (P.O. Box Number is Not Acceptable)							
				City			FL	Zip Code	9
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	register	ed office or regist	ered agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agen	it and little if applicable. (NOT	E: Registere	ed Agent signature requir	ed when reinstaling)		DATE		
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	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Conf	-		5.00 May Be ided to Fees				
	E NOW!!! FEE IS \$150.00	.00 Trust Fund Cont	-	Ad	ided to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After Ma	E NOW!!! FEE 1S \$150.00 ay 1, 2007 Fee will be \$550	.00 Trust Fund Cont	tribution.	A	ided to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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