

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000026179

1. Entity Name
KEARNS SERVICES, INC.



Principal Place of Business
18976 40TH RUN NORTH
LOXAHATCHEE, FL 33470-2364

Mailing Address
18976 40TH RUN NORTH
LOXAHATCHEE, FL 33470-2364



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEARNS, JEFFREY J
18976 40TH RUN NORTH
LOXAHATCHEE, FL 33470-2364

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000790813
01/23/08-80050-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEARNS, JEFFREY J
STREET ADDRESS 18976 40TH RUN NORTH
CITY- ST- ZIP LOXAHATCHEE, FL 334702364

TITLE VD
NAME GUSTAFSON, GARY D
STREET ADDRESS 17748 41ST ROAD NORTH
CITY- ST- ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08 561
784 0330
Date Daytime Phone #