## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P01000023443

1. Entity Name

REGULATORY COMPLIANCE SERVICES INC.



**FILED** Feb 22, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

848 EXECUTIVE DRIVE SUITE 100

OVIEDO, FL 32765

Mailing Address

848 EXECUTIVE DRIVE SUITE 100 OVIEDO, FL 32765



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02192007	No Chg-P	CR2E034 (11/05)
02.02007		

4. FEI Number Applied For 59-3753330 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

GREER, JAMES A 848 EXECUTIVE DRIVE SUITE 100 **OVIEDO, FL 32765** 

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pi lions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREER, JAMES A 848 EXECUTIVE DRIVE, SUITE 100 OVIEDO, FL 32765				U00000643767 03/02/07-80014-023 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/02/01-80014-023 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					

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 retort 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 truster 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 ac-

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST-ZIP