## **2007 FOR PROFIT CORPORATION**

## FILED Mar 19, 2007 08:00 A ate

	ANNUAL	REPORT		_		Saguetaux of S	
1. Entity Nam	MENT # P030000488 N SERVICE, INC.	370			À	Secretary of S	) L
ABLAW	N SERVICE, INC.						
Principal Plac	e of Business	Mailing Address					
3193 NW 21 LAWTEY, FL		PO BOX 842 Lawtey, Fl. 32058-0842					
LAWFIET, FL	32030	LAWIET, FL 32030-0042					
		<u>.</u>	<u> </u>				
DO NOT WRITE IN THIS SPA			CE	03122007	No Chg-P	CR2E034 (11/05)	<del></del> ,
			<b>UL</b>	4. FEI Numb		Applied For Not Applicat	
					e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	-				
SPIEGEL & UTRERA, P.A.				DO	NOT W	RITE	
1840 SW 22ND ST. 4TH FLOOR				-			
MIAMI, FL 33145				IN	THIS SF	ACE	
	named entity submits this statement for thions of registered agent.	ne purpose of changing its register	ed office or registe	ered agent, or b	oth, in the State of Flo	orida. I am familiar with, and acce	pt
SIGNATURE.	Signature Typed or printed name of registered agent and	(NOTE Property		of a boo reposition)		DATE	i
	Signature typed or printed marile or registered agont and	THE B SUPPLICATION. THOSE TROUBLE	ed Agent signature require	ou when rematating)		UNIL .	=
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		6.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS		***	- L		
TITLE NAME	PTD WILKINSON, BENNY		ŀ				
STREET ADDRESS	3193 NW 216TH ST						
CITY-ST-ZIP	LAWTEY, FL 32058		<u> </u>	,	Hānar	1000077c	
TITLE	,				03/27/07	)0669776 ?-80085-012 150.00	,
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CITY-ST-Z)P			_				
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TITLE				IN	THIS SF	ACE	
NAME STREET ADDRESS						- 13 -	
CITY-ST-ZIP							
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP							
Title C			1				

12. Thereby certify that the information supplied with this filling 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 of changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

904) 782 3504

Daytene Phone #