## 2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Jul-13, 2007 08:00 AM **DOCUMENT # P03000049185 Secretary of State** 1. Entity Name BILL'S SERVICE, INC. Mailing Address Principal Place of Business 6135 - 32ND STREET NORTH 6135 - 32ND STREET NORTH ST. PETERSBURG, FL 33714 ST. PETERSBURG, FL 33714 07112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 14-1882234 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BREWARD, WILLIAM S III DO NOT WRITE 6135 - 32ND STREET NORTH ST. PETERSBURG, FL 33714 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. U00000768707 SIGNATURE (FIGIE, Registered Agent signature required when reinstating)

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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

corporation did not receive the prior notice.

Applied For

Not Applicable

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10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BREWARD, WILLIAM S III 6135 - 32ND STREET NORTH ST. PETERSBURG, FL 33714			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ם	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11	N THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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