2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000063299

1. Entity Name

S/R SERVICE & SUPPORT CORP.



FILED Jan 25, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1234 EAST 5TH AVENUE TAMPA, FL 33605 1234 EAST 5TH AVENUE TAMPA, FL 33605



01162007

No Chg-P

CR2E034 (11/05)

4, FEI Number 65-1186927 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address of	Current	Registered	Agent
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SWOPE, DALE 1234 EAST 5TH AVENUE TAMPA, FL. 33605

DO NOT WRITE IN THIS SPACE

	2 33003			IN 1	THIS SPACE		
	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and trile if	applicable (NOTE: Registered	d Agent signature	e required when reinstating)	DATE		
FIL After Ma	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	DP SWOPE, DALE 1234 EAST 5TH AVENUE TAMPA, FL 33605			U00000603098			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/26/07-80117-016 150.00		
TITLE							
NAME Street Address City-St-Zip				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			1				

12. Thereby certify that the information supplied with this filling does not qual, 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 sign ture shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this eport as regarded 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, white all other like empty whered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-273-0017

Daytime Phone #