


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P03000136819 1. Entity Name ALBRITTON SERVICES INC.	
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Principal Place of Business 3219 KINGSWOOD DR. SARASOTA, FL 34232	Mailing Address 3219 KINGSWOOD DR. SARASOTA, FL 34232
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03082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0099188	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

**ALBRITTON, JAMES F JR
3219 KINGSWOOD DR.
SARASOTA, FL 34232**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRITTON, JAMES F JR 3219 KINGSWOOD DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ALBRITTON, ELIZABETH M 3219 KINGSWOOD DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBRITTON, ROBERT K 3219 KINGSWOOD DR. SARASOTA, FL 34232
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/30/07-80015-025 150.00

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 empowerment.

SIGNATURE: JAMES F ALBRITTON JR  **PNPS 3/20/07 941-379-4455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #