2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2007 08:00 AM DOCUMENT # P04000022302 **Secretary of State** 1. Entity Name BANTLE SERVICES, INC. Principal Place of Business Mailing Address 8647 NW 35TH ROAD 8647 NW 35TH ROAD GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 No Chg-P CR2E034 (11/05) 02202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0678244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MORENO, JOSE I DO NOT WRITE 610 NW 122ND STREET GAINESVILLE, FL 32607 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BANTLE, WILLIAM A 8647 NW 35TH ROAD STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32606 SEC TITLE NAME BANTLE, WILLIAM A STREET ADDRESS 8647 NW 35TH ROAD CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE BANTLE, WILLIAM A STREET ADDRESS 8647 NW 35TH ROAD DO NOT WRITE CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000716303

12. I hereby 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 the end accused 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 trueter empowered to expoure 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 the other with

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

-12-07

Daytime Phone &

04/30/07-80002-022 150.00

FILED