## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000015558

Title:

Name:

Address:

City-St-Zip:

FILED Jan 16, 2007 Secretary of State

Entity Name: VIKING SERVICE & SUPPLIES, CORP.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
3550 TIGER CREEK LAKE WALES, FL 33898					
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
3550 TIGER CREEK LAKE WALES, FL 33898					
FEI Number:	20-2356470	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
DIAZ, O.J. 7951 SW 40TH STREET STE 206 MIAMI, FL 33155 US			3550 TIGER CREE	PANCORVO, GUILLERMO 3550 TIGER CREEK LAKEWALES, FL 33898 US	
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.					
SIGNATURE: GUILLERMO PANCORVO				01/16/2007	
Electronic Signature of Registered Agent			t	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D PANCORVO, GUI 3550 TIGER CRE LAKE WALES, FL	EK	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () D PANCORVO, VIC 3550 TIGER CRE LAKE WALES, FI	EK	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () C GARCIA TABARE 3625 GOPHER TO LAKE WALES, FL	JRTLE RUN	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GUILLERMO PANCORVO Ρ 01/16/2007

( ) Delete

( ) Change (X) Addition

PANCORVO, PIERRE

2531 TALL PALM AVE

LAKEWALES, FL 33898