

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90019 016 ***150.00

DOCUMENT # P05000115341 1. Entity Name BRANDON MEDIATION SERVICES, INC.					
Principal Place of Business 710 N. PARSONS AVE. BRANDON, FL 33510			Mailing Address 710 N. PARSONS AVE. BRANDON, FL 33510		
2. Principal Place of Business - No P.O. Box # 914 Lithia Pinecrest Rd.		3. Mailing Address 914 Lithia Pinecrest Rd.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Brandon FL		City & State Brandon FL		4. FEI Number NOT APPLICABLE	
Zip 33511		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, B. ELAINE ESQ 111 GOLDENWOOD AVE. BRANDON, FL 33511					
7. Name and Address of New Registered Agent Name B. Elaine Jones Street Address (P.O. Box Number is Not Acceptable) 914 Lithia Pinecrest Rd. City Brandon FL Zip Code 33511					
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 <u><i>B. Elaine Jones</i></u> DATE 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV <input type="checkbox"/> Delete JONES, B. ELAINE 111 GOLDENWOOD AVE BRANDON, FL 33511				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete JONES, B. ELAINE 111 GOLDENWOOD AVE. BRANDON, FL 33511				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition B. Elaine Jones 111 Goldenwood Ave Brandon, FL 33511					
Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donna L. Davis 1102 Hannaway Dr. Riverview, FL 33569					
Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition B. Elaine Jones 111 Goldenwood Ave Brandon, FL 33511					
DONNA L. DAVIS 1102 Hannaway Dr. Riverview, FL 33569					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
SIGNATURE: <u><i>B. Elaine Jones</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/30/08 Daytime Phone # 813-681-8383	