2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000117246

1. Entity Name

BRENT MYERS SERVICES INC



Principal Place of Business Mailing Address

7972 LAKEWOOD COVE COURT LAKE WORTH, FL 33467 7972 LAKEWOOD COVE COURT LAKE WORTH, FL 33467 FILED
Apr 27, 2007 08:00 AM
Secretary of State



DO NOT WIDITE IN THIS ODAGE	03272007 No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE	4. FEI Number 20-3347840	Applied For Not Applicable	
	5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MYERS, BRENT 7972 LAKEWOOD COVE COURT LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

			- 1				, "
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its re	egistered offic	e or re	egistered agent, or bo	oth, in the State of Florida. I am f	amiliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered			Registered Agent s	Agent signature required when reinstating) DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIREC	TORS			W-17	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, BRENT 7972 LAKEWOOD COVE COURT LAKE WORTH, FL 33467		,	*.			
NAME STREET ADDRESS CITY-ST-ZIP						U00000748.	314
TITLE						05/14/07-800	61-019 150.00
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							

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Brent Myers

Signature and types or Printed Name of Signing Officer or Director

4 24 07 (407) 532-9162 Datum Prone #