

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162561

Entity Name: TANK SERVICES, INC.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

4315 US HIGHWAY 17 S
HOMELAND INDUSTRIAL COMPLEX
BARTOW, FL 33830

Current Mailing Address:

P.O. BOX 512
HOMELAND, FL 33847

New Principal Place of Business:

4350 US HWY 17 SOUTH, AUSTIN PHILLIP LANE
HOMELAND INDUSTRIAL COMPLEX
BARTOW, FL 33830

New Mailing Address:

FEI Number: 56-2559452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBB, CLAUDETTE
4315 US HIGHWAY 17 S
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

COBB, CLAUDETTE
720 KELLER ROAD
FORT MEADE, FL 33841 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: _____

04/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: COBB, CLAUDETTE
Address: P.O. BOX 512
City-St-Zip: HOMELAND, FL 33847

Title: VP () Delete
Name: COBB, GARY R
Address: P.O. BOX 512
City-St-Zip: HOMELAND, FL 33847

Title: T () Delete
Name: COBB, GARY
Address: P.O. BOX
City-St-Zip: HOMELAND, FL 33847

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: COBB, GARY R
Address: P.O. BOX 512
City-St-Zip: HOMELAND, FL 33847

Title: VP (X) Change () Addition
Name: COBB, GARY
Address: P.O. BOX
City-St-Zip: HOMELAND, FL 33847

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CLAUDETTE COBB

PRES

04/03/2008

Electronic Signature of Signing Officer or Director

Date