

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90011 005 ***150.00

DOCUMENT # P06000006992

1. Entity Name
BST SERVICES, INC.



Principal Place of Business
221 W SILVERTHORN LANE
PONTE VEDRA, FL 32081

Mailing Address
221 W SILVERTHORN LANE
PONTE VEDRA, FL 32081

40099146



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4099091

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRAWICK, BEN S
221 W SILVERTHORN LANE
PONTE VEDRA, FL 32081

**DO NOT WRITE
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 *Ben S Trawick*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TRAWICK, BEN S
221 W SILVERTHORN LANE
PONTE VEDRA, FL 32081

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
TRAWICK, BEN B
221 W SILVERTHORN LANE
PONTE VEDRA, FL 32081

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: