

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000059467 1. Entity Name SEARS INVESTMENT SERVICES, INC.			FILED 07 JUL 12 AM 9:52 STATE OF FLORIDA
Principal Place of Business 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504		Mailing Address 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 56-2535876		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEARS, WILLIAM W 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP WILLIAM W SEARS PRESIDENT 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Handwritten Signature]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>William W. Sears</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>850-479-1040</u> <small>Daytime Phone #</small>	



6060 N Davis Hwy. Suite 7
Pensacola, FL 32504

Telephone: 850.479.1040
Facsimile: 850.479.1984

William W. Sears, CPA

Hugh D. Platten CFP®

July 11, 2007

Florida Department of State
P.O. Box 8700
Tallahassee, FL 32314

Dear Sir:

We have learned that the annual report was returned to our office on January 31, 2007. The report was never received. We request waiver of the \$400 penalty. Following is a revised annual report as requested by your office.

Very truly yours,

A handwritten signature in cursive script, appearing to read "William W. Sears".

William W. Sears