

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000095130

1. Entity Name
PUBLIC EMPLOYEES SERVICE COMPANY



Principal Place of Business
1220 EAST PARK AVENUE
TALLAHASSEE, FL 32301

Mailing Address
1220 EAST PARK AVENUE
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5

**FILED
Jun 12, 2007 8:00 am
Secretary of State**

05-21-2007 90058 040 ***550.00

66018835



05022007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5231683

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

GEIGER, JAMES W
1220 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revising)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fee after September 14, 2007

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GEIGER, JAMES W
STREET ADDRESS 1220 EAST PARK AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32301

Delete

TITLE D
NAME GEIGER, JAMES W
STREET ADDRESS 1220 EAST PARK AVENUE
CITY-ST-ZIP TALLAHASSEE, FL 32301

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *James W. Geiger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

425-5252

Daytime Phone #