2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

1. Entity Name TIMMONS BOOKKEEPING SERVICE, INC.									01-29-200	7 90061 ()48 ***1	58.75
Principal Plac 3310 STATE MT. DORA, FI	ROAD 46	US	(lailing Address 3310 STATE ROAD 46 MT. DORA, FL 32757	US							
2. Principal Place of Business - No P.O. Box #			Box # 3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01262007	Chg-P	CR2E	034 (12/06	5)
City & State				City & State				4. FEI Numb	per 54/4/6	2	-	Applied For Not Applicable
Zip		Country		Zip	Cour	ntry			e of Status Desired		-\$8.75 A Fee Requ	(dditional ired
	6 Na <u>me</u>	and Address	of Current Regis	stered Agent		Name		7. Name an	d Address of Nev	v Registered	Agent	
TIMMONS, PATRICIA H 3310 STATE ROAD 46 MT. DORA, FL 32757						Street Address (P.O. Box Number is Not Acceptable)						
WII. DORA	4, FL 32/3	57										
						City				F	<u> </u>	
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	PRES	OFF	ICERS AND DIRE	CTORS Delete	11. IIIL			ADDITIONS	/CHANGES TO C	FFICERS AN	ID DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	TIMMONS, PATRICIA H 3310 STATE ROAD 46 SIRE										Chang	y Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			_				☐ Chang	e Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i i					☐ Chang	e 🔲 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate							☐ Chang	e 🗌 Addition
indicated of the cor	d on this repo rporation or t	ort or suppleme the receiver or	ental report is true trustee empowere	filing does not qualify to and accurate and that red act to execute this report all other-like empowered	πy signa as requ /1	iture shall hav ired by Chap	ve the s ster 607	same legal effe 7. Florida Statu	ect as if made und les; and that my n	ler oath; that ame appears	i am an offic s in Block 10	per or director O or Block 11 if
SIGNATURE: MILICIA MMON PARCICIA H TIMMONS 1-26-07 352-516-1583												