

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 19, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000109031

1. Entity Name
TIMMONS BOOKKEEPING SERVICE, INC.



Principal Place of Business
**3310 STATE ROAD 46
MT. DORA, FL 32757 US**

Mailing Address
**3310 STATE ROAD 46
MT. DORA, FL 32757 US**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5414162

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TIMMONS, PATRICIA H
3310 STATE ROAD 46
MT. DORA, FL 32757**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-12-08

**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
**PRES
TIMMONS, PATRICIA H
3310 STATE ROAD 46
MT. DORA, FL 32757**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000832731
02/27/08-80070-018 158.75

**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:

Patricia H. Timmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-08

Date

Daytime Phone #

352-516-1583