2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # DOCODO110067



FILED Jan 16, 2007 8:00 am Secretary of State

1. Entity Name BUSINESS SERVICES OF CENTRAL FLORIDA, INC.						01-16-2007 90	218 050 *	**150.00)	
Principal Place of Business 2465 VILLAGE LANE TITUSVILLE, FL 32780			Mailing Address 2465 VILLAGE LANE TITUSVILLE, FL 32780				~ 1 0			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052007	Chg-P	CR2E03	4 (12/06)			
City & State		City & State			4. FEI Number 20 · 5	566072		No	plied For Applicable	
Zip			Zip				of Status Desired		8.75 Add ee Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
MADDEN, JEANNE K 2465 VILLAGE LANE TITUSVILLE, FL 32780					Street Address (P.O. Box Number is Not Acceptable)					
HIUSVILL	.E, FL 321	780			City			- 1	Zip Code	2
The above named entity submits this statement for the purpose of changing its registers.							- in the Change of Fig.	FL		
	named entity ions of registe		or the purpose or chang	ging its register	ea onice or registe	red agent, or bott	n, in the State of Fig	иоа. таппе	minian willi,	апо ассері
SIGNATURE_	Signature, typed	or printed name of registered agen	and title if applicable.	(NOTE, Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution										
						.00 May Be ded to Fees				,
After Ma	ay 1, 2007		ODIRECTORS	nd Contribution.	Add	ded to Fees	CHANGES TO OFF			
After Ma	P P	7 Fee will be \$550. OFFICERS AND	OO Trust Fur	nd Contribution.	Add	ded to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
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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 reversiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-501-0150