


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90025 043 \*\*\*150.00

<b>DOCUMENT # P07000109908</b> 1. Entity Name <b>DEALER SERVICE MENUS INC.</b>			
Principal Place of Business <b>118 BLACK OLIVE CRESCET ROYAL PALM BEACH, FL 33411</b>		Mailing Address <b>118 BLACK OLIVE CRESCET ROYAL PALM BEACH, FL 33411</b>	
2. Principal Place of Business - No P.O. Box # <b>13900 JOG RD</b> Suite, Apt. #, etc. <b>SUITE #203-#213</b>		3. Mailing Address <b>13900 JOG RD</b> Suite, Apt. #, etc. <b>SUITE-#203-#213</b>	
City & State <b>DELAWARE BEACH FL</b> Zip <b>33446</b> Country <b>USA</b>		City & State <b>DELAWARE BEACH FL</b> Zip <b>33446</b> Country <b>USA</b>	
4. FEL Number <b>33-191838</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHRODE, GARRY L 118 BLACK OLIVE CRESCET ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name <b>GARRY L. SHRODE</b> Street Address <b>118 BLACK OLIVE CRESCENT</b> City <b>ROYAL PALM BEACH</b> State <b>FL</b> Zip Code <b>33411</b>	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>SHRODE, BARRY L</b> STREET ADDRESS <b>118 BLACK OLIVE CRESCET</b> CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>118 BLACK OLIVE CRESCENT</b> CITY-ST-ZIP		
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>LUSTING, HARVEY</b> STREET ADDRESS <b>7888 NEW HOLLAND WAY</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33437</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>ST</b> <input type="checkbox"/> Delete NAME <b>SHRODE, DONNA J</b> STREET ADDRESS <b>118 BLACK OLIVE CRESCET</b> CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>118 BLACK OLIVE CRESCENT.</b> CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>5-1-08</b> Daytime Phone # <b>561-37-9955</b>	