

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135089

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: CHOICE BILLING SERVICE, INC.

**Current Principal Place of Business:**

1357 TORREYA CIRCLE  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

1357 TORREYA CIRCLE  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

FEI Number: 26-1637681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BILODEAU, ARTHUR  
Address: 1357 TORREYA CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: VD ( ) Delete  
Name: SARVER, KERMIT  
Address: 1848 LAKEVIEW BLVD  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: SD ( ) Delete  
Name: BILODEAU, EDNA  
Address: 1357 TORREYA CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR J BILODEAU

PRES

03/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date