

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90069 007 ***150.00

DOCUMENT # P93000031016

1. Entity Name
PALLET SERVICES, INC.



Principal Place of Business
**1805 TURKEY CREED RD.
PLANT CITY, FL**

Mailing Address
**4138 ALAFIA BLVD
BRANDON, FL 33511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3069340

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERNICO, GEORGE W
2534 LAURELWOOD LN
VALRICO, FL 33594**

Name

Street Address (P.O. Box Number is Not Acceptable)

4138 ALAFIA BLVD

City
BRANDON

FL

Zip Code
33511

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **BERNICO, DIANE M**
STREET ADDRESS **4138 ALAFIA BLVD**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **D** ☐ Delete
NAME **BERNICO, GEORGE W B**
STREET ADDRESS **4138 ALAFIA BLVD**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **VP** ☐ Delete
NAME **TIGHE, MARK**
STREET ADDRESS **16102 CADBURY COURT**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **D** ☐ Delete
NAME **TIGHE, SONIA**
STREET ADDRESS **16102 CADBURY COURT**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16124 BREECON PALMS PLACE**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16124 BREECON PALMS PLACE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Diane Bernico** **Diane Bernico**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 813-754-7719
Date Daytime Phone #