2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000069125

1. Entity Name
COVENANT SERVICES, INC.

Principal Place of Business	Mailing Address
4833 NW 54 AVE	4833 NW 54 AVE
COCONUT CREEK, FL 33073 US	COCONUT CREEK, FL 33073 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0629159	Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, LEO M
4833 NW 54 AVE
COCONUT CREEK, FL 33073

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 _____

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000579339
01/10/07-80003-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAYLOR, L M
STREET ADDRESS	4833 NW 54 AVE
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	S
NAME	MCHENRY, ROBERT G
STREET ADDRESS	1969 SW 15TH STREET #103
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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: _Leo M. Taylor_ / _____   1/4/07   954-421-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #