

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90015 028 ***150.00

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| DOCUMENT # P97000044626 | | | | | |
| 1. Entity Name SBP SERVICES, INC. | | | | | |
| Principal Place of Business 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442-7632 | | | Mailing Address 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442-7632 | | |
| 2. Principal Place of Business - No P.O. Box # 1211 SOUTH MILITARY TRAIL | | 3. Mailing Address 1211 SOUTH MILITARY TRAIL | | | |
| Suite, Apt. #, etc. 200 | | Suite, Apt. #, etc. 200 | | | |
| City & State DEERFIELD BEACH, FL | | City & State DEERFIELD BEACH, FL | | 4. FEI Number 65-0778999 | |
| Zip 33442-7632 | | Country USA | | Applied For Not Applicable | |
| Zip 33442-7632 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENDRICKS, ROBERT J 1211 S MILITARY TRAIL DEERFIELD BEACH, FL 33442 | | | 7. Name and Address of New Registered Agent Name HENDRICKS, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 1211 SOUTH MILITARY TRAIL SUITE 200 City DEERFIELD BEACH FL Zip Code 33442 | | |
| 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: <u>Robert J. Hendricks</u> ROBERT J. HENDRICKS <u>2-4-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD BANKS, DAVID P <input type="checkbox"/> Delete 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 334427632 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD BANKS, DAVID P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1211 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442-7632 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V FRAZIN, DANIEL O <input type="checkbox"/> Delete 1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Y FRAZIN, DANIEL O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1211 SOUTH MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442-7632 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>David P. Banks</u> DAVID P. BANKS <u>2-4-08</u> <u>954 480 2611</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |