

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090222

FILED
Jan 03, 2007
Secretary of State

Entity Name: INDEPENDENT CONTRACTOR SERVICES, INC

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 54217
JACKSONVILLE, FL 322454217 US

New Mailing Address:

FEI Number: 59-3474097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLBERT, THOMAS W
11555 CENTRAL PARKWAY
#801
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

TOLBERT, THOMAS W PRES
11555 CENTRAL PARKWAY
#801
JACKSONVILLE, FL 32224 US

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: THOMAS W TOLBERT

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOLBERT, THOMAS W.
Address: 11555 CENTRAL PARKWAY, SUITE #801
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOLBERT, THOMAS W PRES
Address: 11555 CENTRAL PARKWAY, SUITE #801
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS W TOLBERT

PRES

01/03/2007

Electronic Signature of Signing Officer or Director

Date