

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083558

FILED
Apr 16, 2007
Secretary of State

Entity Name: PEACE RIVER SERVICES, INC.

Current Principal Place of Business:

U.S. HIGHWAY 17 NORTH
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1310
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 59-3558907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ANDREW B
150 NORTH COMMERCE
SEBRING, FL 33871 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: P () Delete
Name: HENDERSON, MAURICE
Address: 380 BOYD COWART ROAD
City-St-Zip: WAUCHULA, FL 33873

Title: VP () Delete
Name: MULCAY, WILLIAM T JR
Address: 902 WEST PALMETTO ST
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: JOHNSON, DALE
Address: 2783 E. MAIN STREET
City-St-Zip: WAUCHULA, FL 33873

Title: ST () Delete
Name: STEVENS, RONALD
Address: 616 MOUNTAIN LAKE RD
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: KIMBRO, BRADLEY
Address: 1655 ANSLEY AVENUE
City-St-Zip: BARTOW, FL 33830

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:

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

Title: D (X) Change () Addition
Name: WITHERS, NELL
Address: 4016 MENDOZA AVE
City-St-Zip: SEBRING, FL 33872

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: WILLIAM T MULCAY JR

VP

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date