

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000078266**

1. Entity Name  
**PBS BILLING SERVICES, INC.**



Principal Place of Business

**506 SW 8TH TERRACE  
CAPE CORAL, FL 33991**

Mailing Address

**506 SW 8TH TERRACE  
CAPE CORAL, FL 33991**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0952564**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, PATRICIA A  
506 SW 8TH TERRACE  
CAPE CORAL, FL 33991**

**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 reissuing)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SMITH, PATRICIA A 506 SW 8TH TERRACE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SMITH, JOHN G 506 SW 8TH TERRACE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/08/07-80035-008 150.00

**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: PATRICIA A SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia A Smith 2/26/07*  
*President*

Date

Any Long Phone #

239-458-5023