


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # V58122
 1. Entity Name
PEOPLE'S SERVICE CENTER, INC.



Principal Place of Business 107 W. MAIN ST. IMMOKALEE, FL 34142 US	Mailing Address 107 W. MAIN ST. IMMOKALEE, FL 34142 US
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01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0372117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, COLETTE
 611 JEFFERSON AVENUE
 LEHIGH ACRES, FL 33972

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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 _____ (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

000000597122
 01/24/07-80023-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HALL, COLLETTE 107 N MAIN STREET IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALL, COLETTE 107 W MAIN STREET IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BRIERRE, GERALD 22610 NIGHT HERON WAY BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Collette Hall* **1/14/07 (239) 657-7066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #