2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# F06000005694

Entity Name: SECURITY REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

101 SHERATON CT.
MACON, GA 31210

New Principal Place of Business:

Current Mailing Address:

101 SHERATON CT.
MACON, GA 31210

New Mailing Address:

FEI Number: 58-2551497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DR., #1300
JACKSONVILLE, FL 322025017 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:	DSVP	( ) Delete
Name:	DAVIS, JAMES W	
Address:	2713 MARIETTA HWY., SUITE 211	
City-St-Zip:	DALLAS, GA 30157	
Title:	CFOS	( ) Delete
Name:	CARNEY, LOUISE E	
Address:	101 SHERATON COURT	
City-St-Zip:	MACON, GA 31210	
Title:	PD	(X) Delete
Name:	SHERIDAN, JOHN V	
Address:	3324 VINEVILLE AVE	
City-St-Zip:	MACON, GA 31210	
Title:	SVP	( ) Delete
Name:	GLASS, BONNIE G	
Address:	101 SHERATON COURT	
City-St-Zip:	MACON, GA 31210	
Title:	SVP	( ) Delete
Name:	MOORE, MARY ANN	
Address:	101 SHERATON COURT	
City-St-Zip:	MACON, GA 31210	

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

I hereby certify that the information supplied with this filing does not qualify 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: LOUISE E. CARNEY CFOS 03/24/2009

Electronic Signature of Signing Officer or Director — Date