

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G58772

FILED
Oct 30, 2008
Secretary of State

Entity Name: BUSINESS SERVICES OF SW FLORIDA, INC.

Current Principal Place of Business:

4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 59-2327212 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEADER, PHILIP
117 E. AMELIA ST.
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEYERS, DANIEL N
Address: 5902 KNIGHTSBRIDGE WAY
City-St-Zip: PORTSMOUTH, VA 23703 US

Title: CFO () Delete
Name: MEYERS, DANIEL N
Address: 5902 KNIGHTSBRIDGE WAY
City-St-Zip: PORTSMOUTH, VA 23703 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROUSSELOW, MADELINE
Address: 4400 NORTHCORP PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: CFO (X) Change () Addition
Name: ROUSSELOW, MADELINE
Address: 4400 NORTHCORP PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D () Change (X) Addition
Name: CFE,
Address: 4400 NORTHCORP PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: CFE

D

10/30/2008

Electronic Signature of Signing Officer or Director

Date