2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 10, 2009
Secretary of State

DOCUMENT# K82259

Entity Name: EXHIBIT SERVICES, INC.

Current Principal Place of Business:

1814 TAPPAN BLVD
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

1814 TAPPAN BLVD
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-2945495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONN, JOSEPH R
3305 OMAR AV
TAMPA, FL 33629 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: PRES ( ) Delete
Name: CONN, JOSEPH R
Address: 3305 OMAR AV
City-St-Zip: TAMPA, FL 33629

Title: SECT ( ) Delete
Name: CONN, ELAINE M
Address: 6060 RIVER TRACE ST
City-St-Zip: TAMPA, FL 33617

Title: TRES ( ) Delete
Name: CONN, ROBIN L
Address: 27121 FORDHAM DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: OFFI ( ) Delete
Name: CONN, DAVID P
Address: 9202 HERITAGE OAK CT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SECT (X) Change ( ) Addition
Name: CONN, JENNY L
Address: 9513 N. DARTMOUTH AVE
City-St-Zip: TAMPA, FL 33612

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: JOESEPH CONN PRES 07/10/2009

Electronic Signature of Signing Officer or Director Date