

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009458

Entity Name: ADVISOR SERVICES, INC.

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

2170 W SR 434 STE 312  
STE 221  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2170 W SR 434 STE 312  
STE 221  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-3695234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATEMAN, TIM  
2170 W SR 434 STE 312  
LONGWOOD, FL 32779 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: PTS ( ) Delete  
Name: BATEMAN, TIMOTHY  
Address: 536 DEW DROP COVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: V ( ) Delete  
Name: MCCONNELL, BARRY  
Address: 207 HICKORY DR  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: TIMOTHY J BATEMAN

P

01/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date