## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000022852

Entity Name: INTEGRASERV, INC.

City-St-Zip:

**BOONE, NC 28607** 

FILED May 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4309 NEPTUNE RD SAINT CLOUD, FL 34769 LIS **Current Mailing Address: New Mailing Address:** P O BOX 701477 ST CLOUD, FL 347701477 US FEI Number: 59-3172095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOSS, MARGARET 4210 CINNAMON FERN CT SAINT CLOUD, FL 34772 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition REDER, JAMES W JR. Name: Name: 3122 GLENWOOD DR Address: Address: City-St-Zip: GRAHAM, NC 27253 City-St-Zip: Title: VTSD Title: () Delete () Change () Addition Name: MOSS, MARGARET L Name: 4210 CINNAMON FERN COURT Address: Address: SAINT CLOUD, FL 34772 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition RUMBERG, JEFFREY A Name: Name: 4933 NIX CREEK ROAD Address: Address: City-St-Zip: MARION, NC 28752 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition CONNELL, MATTHEW A Name: Name: Address: 2365 BIG HILL ROAD Address:

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.

City-St-Zip:

SIGNATURE: MARGARET MOSS VP 05/16/2008