

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049777

Entity Name: 10 RING SERVICE, INC.

FILED  
May 05, 2009  
Secretary of State

**Current Principal Place of Business:**

2227 WEST LOU DR.  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

2227 WEST LOU DR.  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3203199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOORE, STEVEN K  
2227 W LOU DRIVE  
JACKSONVILLE, FL 32216      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: DP      ( ) Delete  
Name: LOVELACE, LISA B  
Address: 3751 VIA DE LA REINA  
City-St-Zip: JACKSONVILLE, FL 32217

Title: S      ( ) Delete  
Name: MOORE, STEVEN K  
Address: 2227 WEST LOU DR  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP      ( ) Delete  
Name: GENTRY, RICHARD  
Address: 125 TWIN LAKE GROVE DR.  
City-St-Zip: INTERLACHEN, FL 32148

**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:

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: LISA B. LOVELACE

DP

05/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date