

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060276

Entity Name: AMBASSADOR SERVICES INC.

FILED  
Jan 23, 2009  
Secretary of State

**Current Principal Place of Business:**

245 CHALLENGER ROAD  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 654  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 59-3261658      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HUBERT, BRIAN  
245 CHALLENGER RD  
CAPE CANAVERAL, FL 32920      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: PS      ( ) Delete  
Name: HUBERT, BRIAN A  
Address: 245 CHALLENGER RD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: VP      ( ) Delete  
Name: GARVER, DONALD H  
Address: 245 CHALLENGER RD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

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

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

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

Title: MGMR      ( ) Change (X) Addition  
Name: MAY, RANDALL  
Address: 245 CHALLENGER ROAD  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: BRIAN HUBERT

P

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date