2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000083295

Entity Name: CUSTOMER SERVICE OF AMERICA, INC

FILED Jan 19, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	TH 6TH STREET DINA BEACH, FL 32	034 US			
Current Mailing Address:			New Mailing Address:		
913 DILWORTH ST SAINT MARYS, GA 31558 US			PO BOX 1809 YULEE, FL 32041 US		
FEI Number	: 59-3340558 FEI	Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	d Address of Curre	nt Registered Agent:	Name and	Address of New Registered Agent:	
	ORDON R THOMAS ST L 32097 US				
	e named entity submi e of Florida.	its this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Sig	nature of Registered Age	nt	Date	
Election Ca	mpaign Financing Trus	t Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete LAYLAND, MICHAEL 913 DILWORTH ST. ST. MARYS, GA 3155		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition RAWLS, STEVE PO BOX 1809 YULEE, FL 32041	
Title: Name: Address: City-St-Zip:	VD () Delete RAWLS, STEVE 913 DILWORTH ST. ST. MARYS, GA 3155		Title: Name: Address: City-St-Zip:	VSD (X) Change () Addition HUNTER, LISA PO BOX 1809 YULEE, FL 32041	
Title: Name: Address: City-St-Zip:	SD () Delete REILLY, GORDON R 913 DILWORTH ST. ST. MARYS, GA 3156		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition LAYLAND, MICHAEL PO BOX 1809 YULEE, FL 32041	
Title: Name: Address: City-St-Zip:	TD () Delete SCHOBER, RACHEL A 913 DILWORTH ST. ST. MARYS, GA 3155	Ą	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition MARINO, CHARLES PO BOX 1809 YULEE, FL 32041	
Title: Name: Address: City-St-Zip:	()Delete	9	Title: Name: Address: City-St-Zip:	TD () Change (X) Addition SCHOBER, RACHEL PO BOX 1809 YULEE, FL 32041	

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: RACHEL A SCHOBER CFO 01/19/2009