## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000025746

Entity Name: SRB ASSIST, INC.

FILED Apr 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7897 ST. ANDREWS CIRCLE 7897 ST ANDREWS CIR ORLANDO, FL 32835 ORLANDO, FL 32835

**Current Mailing Address: New Mailing Address:** 

7897 ST. ANDREWS CIRCLE 7897 ST ANDREWS CIR ORLANDO, FL 32835 ORLANDO, FL 32835

FEI Number: 55-0820644 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CFRA, LLC CFRA, LLC 4221 W BOY SCOUT BLVD 4221 W. BOY SCOUT BLVD. 10TH FLOOR 10TH FLOOR TAMPA, FL 33607 US TAMPA, FL 33607 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: 04/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete BLACKBURN, SUZANNE R Name: 7897 ST. ANDREWS CIRCLE Address:

City-St-Zip: ORLANDO, FL 32835

( ) Delete Title: VPD BLACKBURN, SUZANNE R Name: 7897 ST. ANDREWS CIRCLE Address:

ORLANDO, FL 32835 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition BLACKBURN, SUZANNE R Name: 7897 ST ANDREWS CIR Address: City-St-Zip: ORLANDO, FL 32835

Title: VPD (X) Change ( ) Addition

BLACKBURN, SUZANNE R Name: Address: 7897 ST ANDREWS CIR ORLANDO, FL 32835 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: SUZANNE R BLACKBURN **PST** 04/15/2009