

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 141498

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: REBUILDING SERVICE, INC.

## Current Principal Place of Business:

2022 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

## Current Mailing Address:

2022 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

FEI Number: 59-0417151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACKBURN & COMPANY, LC  
5150 BELFORT ROAD SOUTH  
BLDG 500  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

MASON IV, WILLIAM M  
2022 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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: W M MASON IV

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MASON, RAYMOND K.,  
Address: 2022 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL

Title: SV ( ) Delete  
Name: SALEN, SHERRIE W.,  
Address: 2022 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL

Title: VT ( ) Delete  
Name: MOODY, MARCY M  
Address: 2022 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: PRITCHETT, ANNETTE  
Address: 2022 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MASON, RAYMOND K  
Address: 2022 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL

Title: SV (X) Change ( ) Addition  
Name: SALEN, SHERRIE  
Address: 2022 HENDRICKS AVENUE  
City-St-Zip: JACKSONVILLE, FL

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: RAYMOND K. MASON

DP

01/08/2008

Electronic Signature of Signing Officer or Director

Date