

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 388806

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: PROGRAM MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

615 CRESCENT EXECUTIVE COURT  
SUITE 600  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

615 CRESCENT EXECUTIVE COURT  
SUITE 600  
TAMPA, FL 32746 US

## New Mailing Address:

FEI Number: 59-1361106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: D,P ( ) Delete  
Name: BROWN, J. POWELL  
Address: 220 SOUTH RIDGEWOOD AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V,S ( ) Delete  
Name: GRAMMIG, LAUREL L  
Address: 3101 W. MLK, JR. BOULEVARD, SUITE 400  
City-St-Zip: TAMPA, FL 33607

Title: V,AS ( ) Delete  
Name: DONEGAN, JR., THOMAS M  
Address: 3101 W. MLK, JR. BOULEVARD, SUITE 400  
City-St-Zip: TAMPA, FL 33607

Title: T ( ) Delete  
Name: FAILLA, JOSEPH  
Address: 220 SOUTH RIDGEWOOD AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: EVP ( ) Delete  
Name: DOWNEY, PATRICK A  
Address: 615 CRESCENT EXECUTIVE COURT, SUITE 600  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: WALKER, CORY T  
Address: 220 SOUTH RIDGEWOOD AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114

## 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:

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: LAUREL L. GRAMMIG

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04/24/2008

Electronic Signature of Signing Officer or Director

Date