

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 391944

FILED
Apr 04, 2009
Secretary of State

Entity Name: FLORIDA ERECTION SERVICE, INC.

Current Principal Place of Business:

1358 SW 1ST WAY
DEERFIELD BCH., FL 33441

New Principal Place of Business:

Current Mailing Address:

1358 SW 1ST WAY
DEERFIELD BCH., FL 33441

New Mailing Address:

FEI Number: 59-1424909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLENDON, M.D.
1358 S.W. 1ST WAY
DEERFIELD BEACH, FL 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: ST () Delete
Name: MCLENDON, ETHEL L
Address: 3921 NE 24TH AVE
City-St-Zip: LIGHTHOUSE PT, FL 00000,

Title: PD () Delete
Name: MCLENDON, M D
Address: 3921 NE 24TH AVE
City-St-Zip: LIGHTHOUSE PT., FL

Title: V () Delete
Name: MCLENDON, DONALD G.
Address: 14220 BLACKBERRY DRIVE
City-St-Zip: WELLINGTON, FL 334148238

Title: V () Delete
Name: MCLENDON, MICHAEL D.
Address: 15156 ROBERTS WAY
City-St-Zip: LOXAHATCHEE, FL 33470

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:

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: M D MCLENDON

PRES

04/04/2009

Electronic Signature of Signing Officer or Director

Date