

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 440016

FILED
Feb 11, 2008
Secretary of State

Entity Name: SUWANNEE VALLEY SERVICE CORPORATION

Current Principal Place of Business:

804 SOUTH OHIO AVENUE
LIVE OAK, FL 32064

New Principal Place of Business:

4705 WEST US HWY 90
LAKE CITY, FL 32055

Current Mailing Address:

P.O. BOX 2029
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-1520599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBFRIED, KEITH C.
804 S. OHIO AVENUE
P.O. DRAWER Q
LIVE OAK, FL 32064 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: PD () Delete
Name: LEIBFRIED, KEITH C.,
Address: 326 WESTMORELAND
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: MOSES, PHILIP J., JR.,
Address: 860 SW EL PRADO
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: SMITH, STEPHEN A
Address: P.O. BOX 1792
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: MCGRANAHAN, ROBERT
Address: 10709 184TH STREET
City-St-Zip: MCALPIN, FL 32062

Title: D () Delete
Name: POOLE, RONNIE
Address: 9024 141ST DRIVE
City-St-Zip: LIVE OAK, FL 32060

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:

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: KEITH C. LEIBFRIED

PD

02/11/2008

Electronic Signature of Signing Officer or Director

Date