

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 440016

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** SUWANNEE VALLEY SERVICE CORPORATION

**Current Principal Place of Business:**

4705 WEST US HWY 90  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEIBFRIED, KEITH C.  
Address: 326 WESTMORELAND  
City-St-Zip: LIVE OAK, FL 32064

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEITH LEIBFRIED

PD

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date