2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 454634

FILED Mar 19, 2009 Secretary of State

Entity Name: SERVICE RESOURCES CORPORATION OF FLORIDA

Current Principal Place of Business: New Principal Place of Business: New Principal Place of Business: 6605 GLENRIDGE DR SUITE 710 ATLANTA, GA 30342 US Current Mailing Address: New Registered Agent: Name Address Address: New Registered Agent: Name Address Address: New Principal Address Agent: Name: Address: New Principal Address: New Mailing Address: New Registered Agent: New Register						
SUITE 710 ATLANTA, GA 30342 US Current Mailing Address: New Mailing Address: New Mailing Address: Se605 GLENRIDGE DR SUITE 710 ATLANTA, GA 30342 US FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Electronic Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P () Delete Name: JUDSON, MARK, Address: 5345 STRIMBLE RD NE City-St-Zip: ATLANTA, GA 30342 City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA Title: S () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address: Address: Address: City-St-Zip: Title: () Change () Addition Name: Address:	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
ATLANTA, GA 30342 US Current Mailing Address: New Mailing Address: 5605 GLENRIDGE DR SUITE 710 ATLANTA, GA 30342 US FEI Number S8-1197058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P () Delete Name: JUDSON, MARK, Address: 5345 S TRIMBLE RD NE City-St-Zip: ATLANTA, GA 30342 City-St-Zip: Title: DCT () Delete Name: HUMANN, L PHILLIP, Name: Address: City-St-Zip: ATLANTA, GA City-St-Zip: ATLANTA, GA City-St-Zip: Title: () Change () Addition Name: Address: () Clange () Addition Name: Address: () Clange () Addition Name: Address: () City-St-Zip: Title: S () Delete 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: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () Address: () Change () Addition Name: Address: () Change () Addition						
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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: MARK JUDSON P 03/19/2009