2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483493

Entity Name: CUSTOMER SERVICE, INC

RIDGWAY, JANET L

705 YOUNGSTOWN PARKWAY, #359

ALTAMONTE SPRINGS, FL 32714

Name:

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

•		·—···		
Current Principal Place of Business:			New Principal Place of Business:	
150 OXFORD ROAD, SUITE 140 P O BOX 300789 FERN PARK, FL 327307789			150 OXFORD ROAD, SUITE 140 FERN PARK, FL 327307789	
Current Mailing Address:			New Mailing Address:	
150 OXFORD ROAD, SUITE 140 P O BOX 300789 FERN PARK, FL 327307789			150 OXFORD ROAD, SUITE 140 FERN PARK, FL 327307789	
FEI Number:	59-1616886	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address of New Registered Agent:	
	I, PETER G. WIG ROAD CH, FL	US		
The above in the State		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUR	E:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Cam	paign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD (ROBINSON, PI 3201 CARDINA VERO BEACH,	AL DR P-5	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD (ROBINSON, JO 150 OXFORD FERN PARK, F	RD. SUITE 140	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DAS (ROBINSON, LA 150 OXFORD FERN PARK, F	RD SUITE 140	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	s () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH D. ROBINSON, IV VD 04/14/2009