## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#836520** 

Entity Name: MUTUAL SERVICE CORPORATION

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	RALIAN AVE S	8						
STE 1800 WPB, FL 3	3401 US							
Current Mailing Address:				New Mailing Address:				
250 AUSTRALIAN AVE S STE 1800 WPB, FL 33401 US								
FEI Number:		FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate of Sta	tus Desired ( )	
		current Registered Agent:			, ,	New Registered	,	
				Name and	Audiess of	New Registered	Agent.	
CORPORA 1201 HAYS		CE COMPANY						
	SEE, FL 323	01 US						
The above in the State		submits this statement for the	e purpose of	changing it	ts registered	office or registere	d agent, or both,	
SIGNATUR								
	Electror	ic Signature of Registered A	gent			Date		
Election Carr	npaign Financing	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DCEO ( ) Delete KALBAUGH, ANDY CBDCEO 738 CHARLESTOWN CIRCLE NORTH PALM BEACH, FL 33410 US			Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	. ,			Title: Name: Address: City-St-Zip:	(	()Change ()Additio	on	
Title: Name: Address: City-St-Zip:	BECKER, DAVI 2093 TARPON			Title: Name: Address: City-St-Zip:	(	()Change ()Additic	on	
Title: Name: Address: City-St-Zip:	EVP ( ) KAMINISKI, DE 15585 BELLAN WELLINGTON,	NNIS S EVP CA LN		Title: Name: Address: City-St-Zip:	MCGIVNEY, 8725 OLDHA	(X) Change ( ) Addition JOHN SVP/CCO M WAY BEACH, FL 33412 U		
Title: Name: Address: City-St-Zip:	RYAN, SHERI 452 CAPISTRA			Title: Name: Address: City-St-Zip:	(	()Change ()Additio	on	
Title: Name: Address: City-St-Zip:		Delete AM E DIRECTO 01921 US		Title: Name: Address: City-St-Zip:	(	()Change ()Additio	on	

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: DAVID BECKER TREA 03/24/2009