

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F01000005087

1. Entity Name

MORAIN SERVICES, INC.



**FILED
Feb 18, 2008 8:00 am
Secretary of State**

02-18-2008 90006 028 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address		
16950 MCGREGOR BLVD 3 FT. MYERS FL 33908	16950 MCGREGOR BLVD 3 FT. MYERS FL 33908		

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		
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City & State	City & State		
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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MORAIN, ROBERT M
16956 MCGREGOR BLVD 3
FT MYERS FL 33908

16251 Shenandoah
Cir

4. FEI Number	34-0696959	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL		Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name) of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRES	MORAIN, ROBERT M	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16956 MCGREGOR BLVD 3		
CITY-ST-ZIP	FT MYERS FL 33908		
V	MORAIN, GRANT G	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14290 CORTEZ LANE		
CITY-ST-ZIP	ATLANTA GA 30319		
D	ROTH, DANIEL B	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1100 BANK ONE BUILDING		
CITY-ST-ZIP	YOUNGSTOWN OH 44503		
AS	MORAIN, BARBARA E	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	16251 SHENONDOAH CIR		
CITY-ST-ZIP	FT MYERS FL 33908		
VP	MORAIN, RYAN R	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4226 BURGETT RD		
CITY-ST-ZIP	CANFIELD OH 44406		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment without attaching, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08

Date

Daytime Phone #