

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005087

Entity Name: MORAIN SERVICES, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

16950 MCGREGOR BLVD 3
FT. MYERS, FL 33908

New Principal Place of Business:

16251 SHENANDOAH CIRCLE
FT. MYERS, FL 33908

Current Mailing Address:

16950 MCGREGOR BLVD 3
FT. MYERS, FL 33908

New Mailing Address:

16251 SHENANDOAH CIRCLE
FT. MYERS, FL 33908

FEI Number: 34-0696959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAIN, ROBERT M
16251 SHENANDOAH CIRCLE
FT MYERS, FL 33908 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MORAIN, ROBERT M
Address: 16956 MCGREGOR BLVD 3
City-St-Zip: FT MYERS, FL 33908

Title: V () Delete
Name: MORAIN, GRANT G
Address: 14290 CORTEZ LANE
City-St-Zip: ATLANTA, GA 30319

Title: D () Delete
Name: ROTH, DANIEL B
Address: 1100 BANK ONE BUILDING
City-St-Zip: YOUNGSTOWN, OH 44503

Title: AS () Delete
Name: MORAIN, BARBARA E
Address: 16251 SHENANDOAH CIR
City-St-Zip: FT MYERS, FL 33908

Title: VP () Delete
Name: MORAIN, RYAN R
Address: 4226 BURGETT RD
City-St-Zip: CANFIELD, OH 44406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MORAIN, ROBERT M
Address: 16251 SHENANDOAH CIRCLE
City-St-Zip: FT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: MORAIN, BARBARA E
Address: 16251 SHENANDOAH CIRCLE
City-St-Zip: FT MYERS, FL 33908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT M. MORAIN

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date