

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002021

FILED
Mar 24, 2009
Secretary of State

Entity Name: SERVER SOLUTIONS INCORPORATED

Current Principal Place of Business:

239 HAVEN RD
PORT SAINT JOE, FL 32456

New Principal Place of Business:

65 AVENUE E
APALACHICOLA, FL 32320

Current Mailing Address:

PO BOX 112
PORT SAINT JOE, FL 32457 US

New Mailing Address:

FEI Number: 58-2219629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, R.V.
239 HAVEN RD.
PORT SAINT JOE, FL 32456 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BISHOP, LEWIS M
Address: 5244 LAKESPRINGS DR.
City-St-Zip: DUNWOODY, GA 30338

Title: VC (X) Delete
Name: BISHOP, ROBERT V JR
Address: 703 16TH ST.
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BISHOP, ROBERT V
Address: 239 HAVEN RD.
City-St-Zip: PORT ST. JOE, FL 32456

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: R. V. BISHOP

C

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date