

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002926

FILED
Apr 13, 2009
Secretary of State

Entity Name: 6:10 SERVICES, CORPORATION

Current Principal Place of Business:

8575 GIBBS DRIVE
SUITE 190
SAN DIEGO, CA 92123

New Principal Place of Business:

Current Mailing Address:

8575 GIBBS DRIVE
SUITE 190
SAN DIEGO, CA 92123

New Mailing Address:

FEI Number: 63-1189114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SYMINGTON, GARY
Address: 8575 GIBBS DRIVE STE., 190
City-St-Zip: SAN DIEGO, CA 92123

Title: V () Delete
Name: GETZ, NATHAN A
Address: 25110 TRUMBLE AVE
City-St-Zip: ROMOLAND, CA 92585

Title: S () Delete
Name: GALATRO, DAN
Address: 10180 TELESIS COURT SUITE 165
City-St-Zip: SAN DIEGO, CA 92121

Title: T () Delete
Name: GALATRO, DAN
Address: 10180 TELESIS COURT SUITE 165
City-St-Zip: SAN DIEGO, CA 92121

Title: D () Delete
Name: GARBER, STEPHANIE
Address: 570 COUNTY RD., 180
City-St-Zip: CARTHAGE, MO 64836

Title: D () Delete
Name: DROEGE, PATRICIA
Address: 2129 SUNSET CIRCLE
City-St-Zip: PLEASANT HILL, MO 64080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SYMINGTON

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date