

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F36299

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL RELIEF SERVICES, INC.

**Current Principal Place of Business:**

3880 TAMPA RD  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

3880 TAMPA RD  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 59-2100246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ODLAND, STEVEN, D.V.M.  
3880 TAMPA RD  
OLDSMAR, FL 34677 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: PD  
Name: ODLAND, STEVEN  
Address: 3880 TAMPA RD  
City-St-Zip: OLDSMAR, FL 34677 US

Title: DS  
Name: ODLAND, ASHLEY  
Address: 3880 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677 US

Title: VD  
Name: ODLAND, ANGEL  
Address: 3880 TAMPA RD.  
City-St-Zip: OLDSMAR, FL 34677 US

I hereby 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 all other like empowered.

SIGNATURE: STEVEN ODLAND

PD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date