

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45263

FILED
Feb 11, 2009
Secretary of State

Entity Name: FINANCIAL ACCOMMODATION SERVICES, INC.

Current Principal Place of Business:

1543 KINGSLEY AVE #11
POB 1551
ORANGE PARK, FL 32067

New Principal Place of Business:

1543 KINGSLEY AVE #11
ORANGE PARK, FL 32067

Current Mailing Address:

1543 KINGSLEY AVE #11
POB 1551
ORANGE PARK, FL 32067

New Mailing Address:

FEI Number: 59-2125521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOCCIERI, STEPHEN A
1921 ROSE MALLOW LANE
ORANGE PARK, FL 32073 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: S () Delete
Name: BOCCIERI, MONICA L,
Address: 1921 ROSE MALLOW LANE
City-St-Zip: ORANGE PARK, FL

Title: P () Delete
Name: BOCCIERI, STEPHEN A,
Address: 1921 ROSE MALLOW LANE
City-St-Zip: ORANGE PARK, FL

Title: T () Delete
Name: BOCCIERI, STEPHANIE M
Address: 1921 ROSE MALLOW LANE
City-St-Zip: ORANGE PARK, FL

Title: VP () Delete
Name: CARLIN, ALICE J
Address: 9111 MONETTE RD
City-St-Zip: MAXVILLE, FL 32234

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
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: STEPHEN A BOCCIERI

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date