

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003858

FILED  
Apr 12, 2011  
Secretary of State

Entity Name: ARMSTRONG SERVICE, INC.

## Current Principal Place of Business:

8615 COMMODITY CIRCLE  
17  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

8615 COMMODITY CIRCLE  
17  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 59-3405352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, J. THOMAS  
2081 E. OCEAN BLVD.  
STUART, FL 34996 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: MUSSON, DANIEL  
Address: 816 MAPLE STREET  
City-St-Zip: THREE RIVERS, MI 49093

Title: AT  
Name: KEALY, JOHN F  
Address: 8615 COMMODITY CIRCLE, STE 17  
City-St-Zip: ORLANDO, FL 32819

Title: VPD  
Name: BLOSS, DOUGLAS V  
Address: 2081 E. OCEAN BLVD.  
City-St-Zip: STUART, FL 34996

Title: VPD  
Name: ARMSTRONG, PATRICK B  
Address: 2081 E. OCEAN BLVD.  
City-St-Zip: STUART, FL 34996

Title: S  
Name: MORRIS, J. THOMAS  
Address: 2081 E. OCEAN BLVD.  
City-St-Zip: STUART, FL 34996

Title: T  
Name: GIBSON, STEPHEN P  
Address: 2081 E. OCEAN BLVD.  
City-St-Zip: STUART, FL 34996

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: JOHN F. KEALY

AT

04/12/2011

Electronic Signature of Signing Officer or Director

Date