2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G38813

1. Entity Name
FAMOUS AMOS SERVICE CORPORATION, INC.

Principal Place of Business	Mailing Address
% B KENNETH RIDGON 2765 CLYDO RD. JACKSONVILLE, FL 32207	% B KENNETH RIDGON 2765 CLYDO RD. JACKSONVILLE, FL 32207

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

01042008   Chg-P   CR2E034 (12/06)

4. FEI Number **59-1668633** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIGDON, B. KENNETH 2765 CLYDO ROAD JACKSONVILLE, FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MOISE, EDNA J.		NAME		
STREET ADDRESS	2675 CLYDO RD.		STREET ADDRESS	U00000927896	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	05/21/08-80007-009 150.00	
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RIGDON, B KENNETH		NAME		
STREET ADDRESS	2675 CLYDO RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

90 4

SIGNATURE: _B. Kenneth Rigdon_   B. Kenneth Rigdon 4-23-08   731-3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #