## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40521

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Jan 14, 2009 Secretary of State

Entity Nai	me: F.I.R.S.T	. SERVICES, CORP. OF ORLA	NDO				
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
	WINTER GAF D, FL 32811	RDEN RD					
Current Mailing Address:			New Mailing Address:				
	WINTER GAF D, FL 32811	RDEN RD					
FEI Number:	: 59-2715729	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desire	d (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
7607 KING	LB, BRUCE SS PASSAGE / D, FL 32835	AVENUE US					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	ı its registered	I office or registered agent,	or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P ( KRONGELB, B 7607 KINGS P ORLANDO, FL	ASSAGE WAY	Title: Name: Address: City-St-Zip:	KRONGELB, 7607 KINGS	PASSAGE WAY		
Title: Name: Address: City-St-Zip:	ST ( KRONGELB, K 7607 KINGS P ORLANDO, FL		Title: Name: Address: City-St-Zip:	LEMOINE, L 532 HOME G	(X) Change ()Addition EIGH A BROVE DRIVE RDEN, FL 34787		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	LEMOINE, L 532 HOME G	( ) Change (X) Addition EIGH A BROVE DRIVE RDEN, FL 34787		

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.

**TRES** 

KRONGELB, BRUCE

ORLANDO, FL 32835

7607 KINGS PASSAGE WAY

( ) Change (X) Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LEIGH LEMOINE VΡ 01/14/2009