2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# J40682

Entity Name: FNB BROKERAGE SERVICES, INC.

Current Principal Place of Business:

C/O DAVID OSGOOD
815 COLORADO AVENUE
STUART, FL 34994 US

New Principal Place of Business:

C/O PETER LOWERY
815 COLORADO AVENUE
STUART, FL 34994 US

Current Mailing Address:

C/O DAVID OSGOOD
815 COLORADO AVENUE
STUART, FL 34994 US

New Mailing Address:

C/O PETER LOWERY
815 COLORADO AVENUE
STUART, FL 34994 US

FEI Number: 59-2739052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSGOOD, DAVID L
815 COLORADO AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

LOWERY, PETER J
815 COLORADO AVE
STUART, FL 34994 US

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: PETER J LOWERY 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OSGOOD, DAVID L
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994 US

Title: D ( ) Delete
Name: HUDSON, DENNIS S III
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994 US

Title: D ( ) Delete
Name: HAHL, WILLIAM R
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994 US

Title: VPS (X) Delete
Name: LOWERY, PETER J
Address: 815 COLORADO AVE
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition
Name: LOWERY, PETER J
Address: 815 COLORADO AVENUE
City-St-Zip: STUART, FL 34994 US

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: PETER J LOWERY VPS 04/30/2009
Electronic Signature of Signing Officer or Director Date