

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67148

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: RESIDENTIAL SERVICES, INC.

**Current Principal Place of Business:**

4972 SO. HAMMOCK RD.  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 737  
SEBRING, FL 33870

**New Mailing Address:**

4972 SO. HAMMOCK RD.  
ZOLFO SPRINGS, FL 33890

FEI Number: 59-2810012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABLES, CLIFFORD M II  
130 E. CENTER ST  
SEBRING, FL 33870 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: PS ( ) Delete  
Name: RIVARD, MARK R  
Address: 6604 7TH AVE W  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: RIVARD, MARK R  
Address: 4972 SO. HAMMOCK RD.  
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: MARK R. RIVARD

PD

02/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date