

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98064

Entity Name: MDM SERVICES, INC.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

1055 KATHLEEN ROAD  
LAKELAND, FL 33805 US

## New Principal Place of Business:

## Current Mailing Address:

1055 KATHLEEN ROAD  
LAKELAND, FL 33805 US

## New Mailing Address:

FEI Number: 59-2854179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR.  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

FEAR, CHRISTOPHER M  
ONE LAKE MORTON DRIVE  
LAKELAND, FL 33801 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: CHRISTOPHER M. FEAR

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SATHIANATHAN, DHIVY  
Address: 2224 EDEN PKWY  
City-St-Zip: LAKELAND, FL 33803

Title: DV ( ) Delete  
Name: ALEXANDER, MICHAEL M  
Address: 3447 ASHLING DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: DV ( ) Delete  
Name: MORGAN, CHARLES J  
Address: 4360 CREEKWOOD LANE  
City-St-Zip: MULBERRY, FL 33860

Title: DV ( ) Delete  
Name: MORRIS, RICHARD R  
Address: 11014 NW 19TH STREET  
City-St-Zip: CORAL GABLES, FL 33071

Title: DV ( ) Delete  
Name: LINGERFELDT, PAUL E  
Address: 11860 NW 4TH STREET  
City-St-Zip: PLANTATION, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SATHIANATHAN, DHIVY  
Address: 5305 LAKELAND HIGHLANDS ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: ST (X) Change ( ) Addition  
Name: ALEXANDER, MICHAEL M  
Address: 3447 ASHLING DRIVE  
City-St-Zip: LAKELAND, FL 33803

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: DHIVY SATHIANATHAN

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date