

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35863

Entity Name: SALOON SERVICES, INC.

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

618-1/2 W. TENNESSEE STREET  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

618-1/2 W. TENNESSEE STREET  
TALLAHASSEE, FL 32304

FEI Number: 59-2907263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH JAMES R  
618 1/2 W TENNESSEE ST  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

SALOON SERVICES, INC  
618 1/2 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304 US

**New Mailing Address:**

SALOON SERVICES, INC  
618 1/2 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304 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: PD ( ) Delete  
Name: SMITH, JAMES R.,  
Address: 618 1/2 W TENNESSEE ST  
City-St-Zip: TALLAHASSEE, FL

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

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: JAMES R. SMITH

PD

01/07/2009

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

\_\_\_\_\_ Date