2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N00000006275

Entity Name: SERVICEWORKS, INC.

Current Principal Place of Business:

1967 SEVER DRIVE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1967 SEVER DRIVE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3676294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARDNER, STEPHEN D
1967 SEVER DRIVE
CLEARWATER, FL 33764 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GARDNER, STEPHEN D
Address: 1967 SEVER DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: VD ( ) Delete
Name: HUTCHINSON, ROBERT
Address: 1911 MUNN POINTE DR
City-St-Zip: WHITSETT, NC 27377

Title: SD ( ) Delete
Name: GARDNER, SHANNON
Address: 1967 SEVER DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: BARBER, PETER A
Address: 5125 THOMAS COURT
City-St-Zip: WILLIAMSBURG, VA 23188

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D, GARDNER PD 05/01/2009

Electronic Signature of Signing Officer or Director Date