

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008921

FILED
Jan 29, 2008
Secretary of State

Entity Name: CANAL SERVICES CORP.

Current Principal Place of Business:

109 TABBY LANE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

101 PLANTATION DRIVE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

109 TABBY LANE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

101 PLANTATION DRIVE
PONTE VEDRA BEACH, FL 32082

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BUGGS BANKER
50 N LAURA ST
STE 2200
JACKSONVILLE, FL 32202 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: P () Delete
Name: KIRKLAND, JASPER
Address: 8940 MACARTHUR CT S
City-St-Zip: JACKSONVILLE, FL 32216

Title: V () Delete
Name: BULIK, JOSEPH
Address: 4109 HANGING MASS CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST () Delete
Name: HOFFMAN, LISA
Address: 101 PLANTATION DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRKLAND, JASPER
Address: 8940 MACARTHUR CT S
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD (X) Change () Addition
Name: BULIK, JOSEPH
Address: 4109 HANGING MASS CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD (X) Change () Addition
Name: HOFFMAN, LISA
Address: 101 PLANTATION DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LISA HOFFMAN

TD

01/29/2008

Electronic Signature of Signing Officer or Director

Date