


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90013 011 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # N32628 1. Entity Name MIDDLEBURG SENIOR SERVICES, INC. | | | |  | |
| Principal Place of Business 3916 SECTION ST MIDDLEBURG, FL 32068 US | | | Mailing Address 3916 SECTION ST MIDDLEBURG, FL 32068 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2955955 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HALL, DEBORAH 2081 MALLARD RD MIDDLEBURG, FL 32068 | | | | 7. Name and Address of New Registered Agent Name CAROLYN FISH Street Address (P.O. Box Number is Not Acceptable) 3501 TOM'S CT. City GREENCOVE SPGS. FL Zip Code 32043 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Carolyn M. Fish</i> CAROLYN M. FISH 3/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HERNDON, MARGARET 267 ASTER BLVD MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | A KITTS, IRA 4651 HEDGEHOG ST. MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KITTS, IRA 4651 HEDGEHOG STREET MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. LOUCHNER, EARLY 4449 TUMBLEWEED RD. MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GASKINS, MARY 677 KING SWOOD AVE ORANGE PARK, FL 32065 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S. CRABTREE, LAURAN 196 ANN ST. MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HALL, DEBORAH R 2081 MALLARD RD MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T. FISH, CAROLYN 3501 TOM'S CT. GREENCOVE SPGS. FL 32043 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CO KACZMAR, JOHN 2443 VIOLA ST MIDDLEBURG, FL 32068 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MC BAXLEY, Robert 3466 COUNTY Rd. 220 MIDDLEBURG, FL 32068 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ALLEN, SARA G 6007 CAY RD 218 JACKSONVILLE, FL 32234 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Carolyn M. Fish</i> CAROLYN M. FISH 3/31/08 904-529-9009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |