2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N32628 1. Entity Name MIDDLEBURG SENIOR SERVICES, INC.					04-04-2008 90013 011 ****61.25			
Principal Place of Business 3916 SECTION ST MIDDLEBURG, FL 32068 US MIDDLEBURG, FL 32068			68 US		1 (8 MIN 1) 1 (8 MIN)	O eeden denem conda con	K 81811 879 G. 21841 879 G. 21	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172008 C	Chg-NP	CR2E037 (12/	(06)
City & State		City & State			4. FEI Number 59-29559:	55		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	□ \$8.75 Fee Re	5 Additional equired
	6. Name and Address of Current	t Registered Agent			7. Name and Add	dress of New R	Registered Agent	
HALL DEBODAH				Name CAROLYN FISH				
HALL, DEBORAH 2081 MALLARD RD				Street Address (P.O. Box Number is Not Acceptable)				
MIDDLEBURG, FL 32068			3	3501 TOM'S CT.				
			City	Greencove SP65. FL 250043				
8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.					XJ M.F15		3/3/	,
	Signature, typed of prairies harrison registered ager	cand use ir appscable. (NOTE	: Registered Agent sig	nature required	when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Financin		\$5.00 May Be Added to Fees		lake check paya ida Department	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND D	9. Election Carr Trust Fund C	npaign Financin	g 🗆 🗡	\$5.00 May Be Added to Fees	Flor SES TO OFFICE	rida Department	of State RS IN 10
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Thereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Destine Phone 9