

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116126

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: BSA FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

120 ST RD 312 W  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

120 ST RD 312 W  
ST AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 59-3709963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGLER & DOUGHERTY, P.A.  
1501 PARK AVE E  
TALLAHASSEE, FL 3230 US

## Name and Address of New Registered Agent:

IGLER & DOUGHERTY, P.A.  
1501 PARK AVE E  
TALLAHASSEE, FL 32308 US

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:

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BELL, HARRY J  
Address: 120 ST RD 312 W  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: DIMARE, WILLIAM F  
Address: 3545 US 1 S  
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete  
Name: GARNER, CHARLES J  
Address: 14 CONTERA DR  
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete  
Name: GREEN, HENRY F III  
Address: 24 ST AUGUSTINE BLVD  
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete  
Name: PORTER, DWAYNE D  
Address: 120 ST RD 312 W  
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete  
Name: VERSAGGI, MICHAEL  
Address: 73 VALENCIA ST  
City-St-Zip: ST AUGUSTINE, FL

## 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:

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 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: DEBRA K. BLACKBURN

AVP

04/11/2007

Electronic Signature of Signing Officer or Director

Date