

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029638

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: CENTERSTATE SHARED SERVICES, INC.

## Current Principal Place of Business:

155 N. LAKESHORE WAY  
LAKE ALFRED, FL 33850

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 197  
LAKE ALFRED, FL 33850

## New Mailing Address:

FEI Number: 59-3715177

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WITCHER, KATHERINE L EVP  
155 N. LAKESHORE WAY  
LAKE ALFRED, FL 33850 US

## Name and Address of New Registered Agent:

BARBER, KATHERINE L EVP  
155 N. LAKESHORE WAY  
LAKE ALFRED, FL 33850 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: KATHERINE BARBER

01/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAREFOOT, GEORGE H  
Address: 155 N. LAKESHORE WAY  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete  
Name: TIMOTHY, PIERSON  
Address: 155 N. LAKESHORE WAY  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete  
Name: BALL, BALL  
Address: 155 N. LAKESHORE WAY  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete  
Name: WHITE, THOMAS E  
Address: 155 N. LAKESHORE WAY  
City-St-Zip: LAKE ALFRED, FL 33850

Title: TD ( ) Delete  
Name: CORBETT, JOHN  
Address: 155 N. LAKESHORE WAY  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D ( ) Delete  
Name: ROCKER, THOMAS J  
Address: 155 N. LAKESHORE WAY  
City-St-Zip: LAKE ALFRED, FL 33850

## 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 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: KATHERINE BARBER

EVP

01/26/2009

Electronic Signature of Signing Officer or Director

Date