## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000029638

Entity Name: CENTERSTATE SHARED SERVICES, INC.

FILED Jan 07, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

155 N. LAKESHORE WAY LAKE ALFRED, FL 33850

Current Mailing Address: New Mailing Address:

PO BOX 197 LAKE ALFRED, FL 33850

FEI Number: 59-3715177 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: ANTHONY, RODNEY
Address: 155 N. LAKESHORE WAY
City-St-Zip: LAKE ALFRED, FL 33850

Title: D

Name: TIMOTHY, PIERSON
Address: 155 N. LAKESHORE WAY
City-St-Zip: LAKE ALFRED, FL 33850

Title: D

Name: BALL, BALL

Address: 155 N. LAKESHORE WAY City-St-Zip: LAKE ALFRED, FL 33850

Title: [

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

Title: TD

Name: CORBETT, JOHN
Address: 155 N. LAKESHORE WAY
City-St-Zip: LAKE ALFRED, FL 33850

Title:

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

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE BARBER EVP 01/07/2010