

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102993

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: UNITED SERVICE CONNECTION, INC.

## Current Principal Place of Business:

234 LIGE BRANCH LANE  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

5535 SHAD RD  
JACKSONVILLE, FL 32257

## Current Mailing Address:

10920 BAYMEADOWS ROAD  
SUITE 27  
JACKSONVILLE, FL 32256

## New Mailing Address:

11250-15 OLD ST. AUGUSTINE RD  
#376  
JACKSONVILLE, FL 32257

FEI Number: 90-0016774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NORMAN P. FREEDMAN, P.A.  
525 NORTH NEWNAN STREET  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

LISA COGAN, BUSINESS SUPPORT  
417 STOWE AVE  
SUITE A  
ORANGE PARK, FL 32073 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: LISA COGAN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SETZER, JIMMY  
Address: 234 LIGE BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD ( ) Delete  
Name: SETZER, JENNIFER  
Address: 234 LIGE BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JENNIFER S. SETZER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date