2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034578

Address:

City-St-Zip:

Entity Name: FIRST SERVICE ADMINISTRATORS, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ELAND HILLS D, FL 338052	BOULEVARD 225 US			
Current M	lailing Addre	ess:	New Maili	ing Address:	
	ELAND HILLS D, FL 338052	BOULEVARD 225 US			
FEI Number:	: 41-2035345	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
3035 LAKE LAKELANI	D, FL 338052		nurnose of changing	its registered office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose of changing i	its registered office of registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ac	jent	Date	
Election Car	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CD (LEVY, ODED 160 WEST 66 NEW YORK, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAPSON, CH	ND HILLS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FULTON, BAR 3035 LAKELA) Delete II ND HILLS BOULEVARD L 338052225 US	Title: Name: Address: City-St-Zip:	T (X) Change () Addition FULTON, BARI 3035 LAKELAND HILLS BOULEVARD LAKELAND, FL 338052225 US	
Title: Name:	() Delete	Title: Name:	S () Change (X) Addition SULLIVAN. KATHLEEN	

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.

Address: City-St-Zip:

SIGNATURE: KATHLEEN SULLIVAN S 03/23/2009

3035 LAKELAND HILLS BOULEVARD

LAKELAND, FL 338052225 US