

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000056732

FILED
Aug 29, 2008
Secretary of State**Entity Name:** SITE SERVICES CONTRACTORS OF FLORIDA, INC.**Current Principal Place of Business:**1415 SW 17TH STREET
OCALA, FL 34474**New Principal Place of Business:**3481 N.W. 10 STREET
OCALA, FL 34475**Current Mailing Address:**1415 SW 17TH STREET
OCALA, FL 34474**New Mailing Address:**3481 N.W. 10TH STREET
OCALA, FL 34475**FEI Number:** 65-1200860**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARMSTRONG, SCOTT W
1415 SW 17TH STREET
OCALA, FL 34474 US**Name and Address of New Registered Agent:**HALL, LAURIE D
6998 N.W. HIGHWAY 27/
SUITE #104
OCALA, FL 34482 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: LAURIE D. HALL

08/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARMSTRONG, SCOTT W
Address: 1415 SW 17TH STREET
City-St-Zip: Ocala, FL 34474

Title: DV (X) Delete
Name: ARMSTRONG, FRED C
Address: 1415 SW 17TH STREET
City-St-Zip: Ocala, FL 34474

Title: ST (X) Delete
Name: ARMSTRONG, WENDY
Address: 1415 SW 17TH STREET
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GRAHAM, HOWARD F
Address: 3481 N.W. 10TH STREET
City-St-Zip: Ocala, FL 34475

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: HOWARD F. GRAHAM

DPTS

08/29/2008

Electronic Signature of Signing Officer or Director

Date