

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000063299

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** S/R SERVICE & SUPPORT CORP.

**Current Principal Place of Business:**

1234 EAST 5TH AVENUE  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

1234 EAST 5TH AVENUE  
TAMPA, FL 33605

**New Mailing Address:**

**FEI Number:** 65-1186927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWOPE, DALE  
1234 EAST 5TH AVENUE  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

SWOPE, DALE M  
1234 EAST 5TH AVENUE  
TAMPA, FL 33605 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:** DALE SWOPE

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SWOPE, DALE M  
**Address:** 1234 EAST 5TH AVENUE  
**City-St-Zip:** TAMPA, FL 33605

**Title:** DS  
**Name:** RODANTE, ANGELA E  
**Address:** 1234 EAST 5TH AVENUE  
**City-St-Zip:** TAMPA, FL 33605

**Title:** D  
**Name:** BOWEN, LISHA  
**Address:** 1234 EAST 5TH AVENUE  
**City-St-Zip:** TAMPA, FL 33605

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:** DALE SWOPE

DP

04/11/2011

Electronic Signature of Signing Officer or Director

Date