

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072717

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** ADOPTION SUPPORT SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

2431 POINT O'WOODS CT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2431 POINT O'WOODS CT  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 20-0078437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

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

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: D ( ) Delete  
Name: FRAAS, LORI  
Address: 2431 POINT O' WOODS CT  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete  
Name: FRAAS, PAUL  
Address: 2431 POINT O' WOODS COURT  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete  
Name: UNDERWOOD, JERRY  
Address: 2915 FOREST CLUB DRIVE  
City-St-Zip: PLANT CITY, FL 33566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** PAUL J. FRAAS

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date