2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110693

Entity Name: FLORIDA FARRIER SERVICE, INC

FILED Sep 11, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3544 IMPE SAINT CLO	RIAL AVE OUD, FL 347	72			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 700967 SAINT CLOUD, FL 34770			P.O. BOX 702550 SAINT CLOUD, FL 34	P.O. BOX 702550 SAINT CLOUD, FL 34770	
FEI Number:	: 38-3690371	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			:: Name and Address o	Name and Address of New Registered Agent:	
WILBER, 1 3544 IMPE SAINT CLO		72 US			
	named entity e of Florida.	submits this statement for t	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered	Agent	Date	
		93(2)(b), F.S., the corporation d g Trust Fund Contribution().	id not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (WILBER, CLA' 3544 IMPERIA SAINT CLOUD	L AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (WILBER, TER 3544 IMPERIA SAINT CLOUD	L AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: TERI WILBER VP 09/11/2008