

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121113

FILED  
Mar 30, 2007  
Secretary of State

Entity Name: STUDENT FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

420 PARK PLACE BLVD SUITE 300  
CLEARWATER, FL 33759

## New Principal Place of Business:

## Current Mailing Address:

420 PARK PLACE BLVD SUITE 300  
CLEARWATER, FL 33759

## New Mailing Address:

FEI Number: 20-0343635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOONEY, TIM  
420 PARK PLACE BLVD SUITE 300  
CLEARWATER, FL 33759 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: GURNEY, CHRIS  
Address: 3385 CLARINE WAY EAST  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: MOONEY, TIM  
Address: 795 CLAUDIA LANE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete  
Name: KONDROTAS, DAMIAN  
Address: 931 WOODBRIDGE CT  
City-St-Zip: SAFETY HARBOR, FL 34695

## 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 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: TIM MOONEY

D

03/30/2007

Electronic Signature of Signing Officer or Director

Date