

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121113

FILED
Feb 27, 2008
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:

420 PARK PLACE BLVD SUITE 100
CLEARWATER, FL 33759

Current Mailing Address:

420 PARK PLACE BLVD SUITE 300
CLEARWATER, FL 33759

New Mailing Address:

420 PARK PLACE BLVD SUITE 100
CLEARWATER, FL 33759

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:

MOONEY, TIM
420 PARK PLACE BLVD SUITE 100
CLEARWATER, FL 33759 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: TIM MOONEY

02/27/2008

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 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

CFO

02/27/2008

Electronic Signature of Signing Officer or Director

Date