

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147235

Entity Name: CIC SCAFFOLDING SERVICES, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

924 LANE AVENUE N., # 6
JACKSONVILLE, FL 32254

New Principal Place of Business:

207 LANE AVENUE SOUTH
JACKSONVILLE, FL 32254

Current Mailing Address:

924 LANE AVENUE N., # 6
JACKSONVILLE, FL 32254

New Mailing Address:

207 LANE AVENUE SOUTH
JACKSONVILLE, FL 32254

FEI Number: 59-1836136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVINE, MICHAEL J
924 LANE AVENUE N., # 6
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

DEVINE, MICHAEL J
207 LANE AVENUE SOUTH
JACKSONVILLE, FL 32254 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:

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEVINE, MICHAEL J
Address: 924 LANE AVENUE N., # 6
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEVINE, MICHAEL J
Address: 207 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32254

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: MICHAEL J. DEVINE

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date