

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028702

FILED
Apr 26, 2009
Secretary of State

Entity Name: PRF FINANCIAL SERVICES, INC.

Current Principal Place of Business:

4748 STONEVIEW CIR
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

4748 STONEVIEW CIR
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-0759281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, KEVIN P
4748 STONEVIEW CIR
OLDSMAR, FL 34677 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: FARRELL, KEVIN P
Address: 4748 STONEVIEW CIR
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: FARRELL, REGIS H
Address: PO BOX 787
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D () Delete
Name: FARRELL, MICHAEL D
Address: PO BOX 787
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: D () Delete
Name: FARRELL, MATTHEW F
Address: PO BOX 787
City-St-Zip: CRYSTAL BEACH, FL 34681

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:

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: KEVIN FARRELL

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date