2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

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Entity Name: AMSPOKER SERVICES CORPORATION

Current Principal Place of Business:

9826 SW 75TH WAY
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

9826 SW 75TH WAY
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 20-1174654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL, THOMAS A
623 NORTH MAIN STREET
GAINESVILLE, FL 32601 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: MR ( ) Delete
Name: AMSPOKER, RONALD L PRESIDE
Address: 9826 SW 75TH WAY
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MR. ( ) Delete
Name: AMSPOKER, JEFFREY L VICE PR
Address: 2459 SE 35TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: MRS. ( ) Delete
Name: AMSPOKER, EILEEN P TREASUR
Address: 9826 SW 75TH WAY
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MRS. ( ) Delete
Name: AMSPOKER, BARBARA J SECRETA
Address: 2459 SE 35TH STREET
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MR. (X) Change ( ) Addition
Name: AMSPOKER, JEFFREY L VICE PR
Address: 2459 SE 35TH STREET
City-St-Zip: OCALA, FL 32608 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MRS. (X) Change ( ) Addition
Name: AMSPOKER, BARBARA J SECRETA
Address: 2459 SE 35TH STREET
City-St-Zip: OCALA, FL 32608 US

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: RONALD L. AMSPOKER MR. 01/17/2009

Electronic Signature of Signing Officer or Director Date