

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112222

Entity Name: SERVICES 198, INC.

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

3333 SOUTH ORANGE AVENUE
SUITE 200
ORLANDO, FL 32806

Current Mailing Address:

P O BOX 568821
ORLANDO, FL 32856

New Principal Place of Business:

3333 SOUTH ORANGE AVENUE
SUITE 200
ORLANDO, FL 328068500

New Mailing Address:

P O BOX 568821
ORLANDO, FL 328568821

FEI Number: 04-2851241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POITRAS, JAMES W
3100 SPRINGHEAD COURT
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

POITRAS, JAMES W
3333 S. ORANGE AVENUE
SUITE 200
ORLANDO, FL 328068500 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:

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POITRAS, PATRICIA T
Address: 3100 SPRINGHEAD COURT
City-St-Zip: ST. CLOUD, FL 34771

Title: D () Delete
Name: POITRAS, JAMES W
Address: 3100 SPRINGHEAD COURT
City-St-Zip: ST. CLOUD, FL 34771

Title: P () Delete
Name: POITRAS, PATRICIA T
Address: 3100 SPRINGHEAD COURT
City-St-Zip: ST. CLOUD, FL 34771

Title: VP (X) Delete
Name: POITRAS, JAMES W
Address: 3100 SPRINGHEAD COURT
City-St-Zip: ST. CLOUD, FL 34771

Title: S (X) Delete
Name: WRAY, PAMELA L
Address: 3333 SOUTH ORANGE AVE, STE 200
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: POITRAS, PATRICIA T
Address: 3333 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 328068500

Title: DVP (X) Change () Addition
Name: POITRAS, JAMES W
Address: 3333 S. ORANGE AVENUE, SUITE 200
City-St-Zip: ORLANDO, FL 328068500

Title: S (X) Change () Addition
Name: WRAY, PAMELA L
Address: 3333 S. ORANGE AVENUE, SUITE 100
City-St-Zip: ORLANDO, FL 328068500

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: PAMELA LEE WRAY

S

03/12/2009

Electronic Signature of Signing Officer or Director

Date