## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000115071

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

VP/D

S/D

LEWIS. REINA V

LEWIS, JOEL N

632 BATTLEGATE LANE

632 BATTLEGATE LANE

ST. AUGUSTINE, FL 32095

ST. AUGUSTINE, FL 32095

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Entity Name: EJL/MULTISERVICES, INC.

FILED Jun 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
13170 ATLANTIC BLVD SUITE 58 JACKSONVILLE, FL 32225				8727 PHILIPS HWY SUITE 404 JACKSONVILLE, FL 32256		
Current Mailing Address:				New Mailing Address:		
	ANTIC BLVD. VILLE, FL 322			8727 PHILIPS HWY. SUITE 404 JACKSONVILLE, FL	32256	
FEI Number:	20-1816128	FEI Number Applied For ( )	FEI Nur	nber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LEWIS, ENRIQUE J 13170 ATLANTIC BLVD SUITE 58 JACKSONVILLE, FL 32225 US				LEWIS, ENRIQUE J 8727 PHILIPS HWY. SUITE 404 JACKSONVILLE, FL	32256 US	
The above in the State		submits this statement for the	e purpose o	of changing its register	ed office or registered agent, or both,	
SIGNATURE:				06/16/2009		
	Electror	ic Signature of Registered A	.gent		Date	
		3(2)(b), F.S., the corporation didgray Trust Fund Contribution ( ).	not receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P/D ( ) LEWIS, ENRIQ 632 BATTLEGA ST. AUGUSTIN	TE LANE		Title: Name: Address: City-St-Zip:	() Change () Addition	

Title:

Title:

Name:

Address:

City-St-Zip:

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: ENRIQUE J. LEWIS P/D 06/16/2009	E.J. LEWIS P/D 06/16/2009
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