

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119314

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FALCON BUSINESS SERVICES, INC.

## Current Principal Place of Business:

2505 CITRUS AVENUE  
FT. PIERCE, FL 34947

## New Principal Place of Business:

1302 NEBRASKA AVE.  
14C  
FT. PIERCE, FL 34950

## Current Mailing Address:

2505 CITRUS AVENUE  
FT. PIERCE, FL 34947

## New Mailing Address:

1302 NEBRASKA AVE.  
14C  
FT. PIERCE, FL 34950

FEI Number: 20-1504867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALLON, JUDITH I  
2505 CITRUS AVENUE  
FT. PIERCE, FL 34947 US

## Name and Address of New Registered Agent:

FALLON, JUDITH I  
1302 NEBRASKA AVE.  
14C  
FT. PIERCE, FL 34950 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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FALLON, WARREN C  
Address: 2505 CITRUS AVENUE  
City-St-Zip: FT. PIERCE, FL 34947

Title: VP ( ) Delete  
Name: FALLON, JUDITH I  
Address: 2505 CITRUS AVENUE  
City-St-Zip: FT. PIERCE, FL 34947

Title: T, S ( ) Delete  
Name: FALLON, JUDITH I  
Address: 2505 CITRUS AVENUE  
City-St-Zip: FT. PIERCE, FL 34947

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: FALLON, JUDITH I  
Address: 1302 NEBRASKA AVE. 14C  
City-St-Zip: FT. PIERCE, FL 34950

Title: T, S (X) Change ( ) Addition  
Name: FALLON, JUDITH I  
Address: 1302 NEBRASKA AVE. 14C  
City-St-Zip: FT. PIERCE, FL 34950

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: JUDITH I. FALLON

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date