

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000133969

Entity Name: THERXSERVICES INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1802 EAST 3RD AVE  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

1802 EAST 3RD AVE  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 20-1694822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KILLIAN, ARTHUR  
1802 EAST 3RD AVE  
TAMPA, FL 33605 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: KILLIAN, ARTHUR  
Address: 1610 N 19TH ST  
City-St-Zip: TAMPA, FL 33605

Title: SV  
Name: KILLIAN, NANCY  
Address: 1610 N 19TH ST  
City-St-Zip: TAMPA, FL 33605

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR KILLIAN

P

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date