## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000000020

Entity Name: REGIER CONSULTING SERVICES, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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17461 NW 12TH STREET PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

17461 NW 12TH STREET PEMBROKE PINES, FL 33029

FEI Number: 20-2163434 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

REGIER, MARY C
17461 NW 12TH STREET
PEMBROKE PINES, FL 33029 US
REGIER, JAROLD W
17461 NW 12TH STREET
PEMBROKE PINES, FL 33029 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: JAROLD W. REGIER 04/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: **PSD** (X) Change ( ) Addition REGIER, MARY C REGIER, JAROLD W Name: Name: 17461 NW 12TH STREET 17461 NW 12TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

 Title:
 ( ) Delete
 Title:
 VPD ( ) Change (X) Addition

 Name:
 Name:
 REGIER, MARY C

 Address:
 Address:
 17461 NW 12TH STREET

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33029 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: JAROLD W. REGIER P 04/06/2009