

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119623

Entity Name: LMI SERVICES, INC.

FILED  
Jan 21, 2009  
Secretary of State

## Current Principal Place of Business:

7033 NORTON AVE STE #1  
WEST PALM BEACH, FL 33405

## New Principal Place of Business:

7033 NORTON AVE STE #4  
WEST PALM BEACH, FL 33405

## Current Mailing Address:

7033 NORTON AVE STE #1  
WEST PALM BEACH, FL 33405

## New Mailing Address:

PO BOX 244417  
BOYNTON BEACH, FL 33424

FEI Number: 56-2529483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
5647 110TH AVE NORTH  
ROYAL PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: VAN ANTWERP, THOMAS L  
Address: 7033 NORTON AVE STE #1  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P T (X) Change ( ) Addition  
Name: MCCOY, MARY  
Address: PO BOX 244417  
City-St-Zip: BOYNTON BEACH, FL 33424

Title: EXVP ( ) Change (X) Addition  
Name: VAN ANTWERP, BRYCEN  
Address: 4507 ILLICIUM DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Change (X) Addition  
Name: VAN ANTWERP, HEATHER  
Address: 4507 ILLICIUM DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VPPM ( ) Change (X) Addition  
Name: CUOMO, JOHN  
Address: 16406 88TH ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

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: MARY MCCOY

P T

01/21/2009

Electronic Signature of Signing Officer or Director

Date