

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139633

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BAY AREA CHIPPING SERVICE ,INC.

## Current Principal Place of Business:

7141 MOSS LEDGE RUN  
LAND O LAKES, FL 34637 US

## New Principal Place of Business:

107 4TH AVE N.W.  
LUTZ, FL 33548 US

## Current Mailing Address:

P.O. BOX 1936  
LAND O LAKES, FL 34639 US

## New Mailing Address:

FEI Number: 20-3623004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, RICHARD  
7141 MOSS LEDGE RUN  
LAND O LAKES, FL 34637 US

## Name and Address of New Registered Agent:

STRICKLAND, RICHARD PVST  
107 4TH AVE N.W.  
LUTZ, FL 33548 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: RICHARD STRICKLAND

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: STRICKLAND, RICHARD  
Address: 7141 MOSS LEDGE RUN  
City-St-Zip: LAND O LAKES, FL 34637 US

Title: D ( ) Delete  
Name: STRICKLAND, RICHARD  
Address: 7141 MOSS LEDGE RUN  
City-St-Zip: LAND O LAKES, FL 34637 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: STRICKLAND, RICHARD  
Address: 107 4TH AVE N.W.  
City-St-Zip: LUTZ, FL 333548 US

Title: D (X) Change ( ) Addition  
Name: STRICKLAND, RICHARD  
Address: 107 4TH AVE N.W.  
City-St-Zip: LUTZ, FL 33548 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: RICHARD STRICKLAND

PVST

04/22/2009

Electronic Signature of Signing Officer or Director

Date