

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148203

Entity Name: DISABILITY CLAIMS SERVICES,INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

2024B NATURES LANE WEST  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

2344 PENBROOK DRIVE  
FERNANDINA BEACH, FL 32034

## Current Mailing Address:

P.O. BOX 57  
YULEE, FL 32041

## New Mailing Address:

P.O. BOX 15238  
FERNANDINA BEACH, FL 32035

FEI Number: 20-3744817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARNETT, CYNTHIA  
2024B NATURES LANE WEST  
FERNANDINA BEACH, FL 32034 US

## Name and Address of New Registered Agent:

ARNETT, CYNTHIA D  
2344 PENBROOK DRIVE  
FERNANDINA BEACH, FL 32035 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: CYNTHIA ARNETT

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: ARNETT, CYNTHIA D  
Address: 2024B NATURES LANE WEST  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: ARNETT, CYNTHIA  
Address: 2024B NATURES LANE WEST  
City-St-Zip: FERNANDINA BEACH, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: ARNETT, CYNTHIA D  
Address: 2344 PENBROOK DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D (X) Change ( ) Addition  
Name: ARNETT, CYNTHIA  
Address: 2344 PENBROOK DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32035

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: CYNTHIA ARNETT

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date