

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148203

FILED
Mar 09, 2012
Secretary of State

Entity Name: DISABILITY CLAIMS SERVICES, INC.

Current Principal Place of Business:

1303 JASMINE STREET
SUITE 102 (D)
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1303 JASMINE STREET
SUITE 101
FERNANDINA BEACH, FL 32034

Current Mailing Address:

P.O. BOX 15238
FERNANDINA BEACH, FL 32035

New Mailing Address:

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 D
1303 JASMINE STREET
SUITE 102 (D)
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

ARNETT, CYNTHIA D
1303 JASMINE STREET
SUITE 101
FERNANDINA BEACH, FL 32034 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:

03/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: ARNETT, CYNTHIA D
Address: 1303 JASMINE STREET (SUITE 101)
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D
Name: ARNETT, CYNTHIA D
Address: 1303 JASMINE STREET (SUITE 101)
City-St-Zip: FERNANDINA BEACH, FL 32034

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: CYNTHIA D ARNETT

PVST

03/09/2012

Electronic Signature of Signing Officer or Director

Date