

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155053

FILED
Jun 29, 2009
Secretary of State

Entity Name: CUYLER'S PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

3109 SPRING GLEN RD 0300
JACKSONVILLE, FL 322075923

New Principal Place of Business:

3109 SPRING GLEN RD
#300
JACKSONVILLE, FL 322075923

Current Mailing Address:

3109 SPRING GLEN RD 0300
JACKSONVILLE, FL 322075923

New Mailing Address:

3109 SPRING GLEN RD
#300
JACKSONVILLE, FL 322075923

FEI Number: 20-4293207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUYLER, MARK JEROME
3109 SPRING GLEN RD 0300
JACKSONVILLE, FL 322075923 US

Name and Address of New Registered Agent:

CUYLER, MARK JEROME
3109 SPRING GLEN RD
#300
JACKSONVILLE, FL 322075923 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:

06/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CUYLER, MARK JERMOE
Address: 3109 SPRING GLEN RD 0300
City-St-Zip: JACKSONVILLE, FL 322075923

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CUYLER, MARK JERMOE
Address: 3109 SPRING GLEN RD 0300
City-St-Zip: JACKSONVILLE, FL 322075923

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: MARK CUYLER

OWNE

06/29/2009

Electronic Signature of Signing Officer or Director

Date