

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159047

Entity Name: INTEGRAL LIFE SERVICES, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

6990 HELMS ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

6990 HELMS ROAD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-5549093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, LAVERN J
6990 HELMS ROAD
PENSACOLA, FL 32526 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: VCEO () Delete
Name: WILSON, DONALD
Address: 2618 YOUNGWOOD LN
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: EDWARDS, EVAN B
Address: 701 N. PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: PEARCE, STEPHEN K
Address: 1660 ROOK DR
City-St-Zip: PENSACOLA, FL 32506

Title: VP () Delete
Name: RAYMOND, VAUGHT
Address: 803 LAKEVIEW DR
City-St-Zip: BAY MINETTE, AL 36507

Title: VP () Delete
Name: WEBER, ROBERT S
Address: 6530 EL PRSIDIO DR
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD E. WILSON

MR.

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date