

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166260

Entity Name: LLOYD'S SOLUTION SERVICES, INC.

FILED
Sep 02, 2007
Secretary of State

Current Principal Place of Business:

52 SHELTER COVE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

52 SHELTER COVE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-3991635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOYD, MICHAEL P
52 SHELTER COVE DRIVE
SANTA ROSA BEACH, FL 32459 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

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: P () Delete
Name: LLOYD, MICHAEL
Address: 52 SHELTER COVE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SEC () Delete
Name: MERRITT, RONALD
Address: 52 SHELTER COVE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: T () Delete
Name: DELONG, BERNIE
Address: 400 CALHOUN AVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LLOYD, MICHAEL P
Address: 52 SHELTER COVE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: MICHAEL P. LLOYD

PRES

09/02/2007

Electronic Signature of Signing Officer or Director

Date