

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005603

FILED
May 01, 2009
Secretary of State

Entity Name: SPACE COAST MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

331 CASTLEWOOD LANE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560418
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 20-8801142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, NANCY
2380 HONEYBROOK CREEK DRIVE
PALM SHORES, FL 32935 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: DEKEYSER, ROBYN
Address: 331 CASTLEWOOD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: DEKEYSER, STEVEN
Address: 331 CASTLEWOOD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: SIMMONS, NANCY
Address: 2380 HONEYBROOK CREEK DRIVE
City-St-Zip: PALM SHORES, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEKEYSER, STEVEN
Address: 331 CASTLEWOOD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP (X) Change () Addition
Name: DEKEYSER, ROBYN
Address: 331 CASTLEWOOD LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S/T (X) Change () Addition
Name: SIMMONS, NANCY
Address: 2380 HONEYBROOK CREEK DRIVE
City-St-Zip: PALM SHORES, FL 32935

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: ROBYN DEKEYSER

VP

05/01/2009

Electronic Signature of Signing Officer or Director

Date