2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029976

Entity Name: HERNANDO FINANCIAL SERVICES INC.

Current Principal Place of Business:	**New Principal Place of Business:**
10352 LAFOY RD SPRING HILL, FL 34608	

Current Mailing Address:	**New Mailing Address:**
10352 LAFOY RD SPRING HILL, FL 34608	

FEI Number: 54-2194790　　　FEI Number Applied For ( )　　　FEI Number Not Applicable ( )　　　Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BOSSET, DAVID 10352 LAFOY RD SPRING HILL, FL 34608　　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: _____

　　　　　　　　Electronic Signature of Registered Agent　　　　　　　　　　　　　　　Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:　　　DP　　　　( ) Delete
Name:　　PFEIFFER, DOUGLAS P
Address:　3101 DUMAS AVE
City-St-Zip:　SPRING HILL, FL 34609*

Title:　　　ST　　　　( ) Delete
Name:　　WHEATON, JULIA
Address:　PO BOX 6560
City-St-Zip:　SPRING HILL, FL 34611

Title:　　　　　　　　( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:　　　DP　　　　(X) Change ( ) Addition
Name:　　PFEIFFER, DOUGLAS P
Address:　3418 ADAMS GATE ROAD
City-St-Zip:　KNOXVILLE, TN 37931

Title:　　　VP　　　　(X) Change ( ) Addition
Name:　　PFEIFFER, LINDA A
Address:　3418 ADAMS GATE ROAD
City-St-Zip:　KNOXVILLE, TN 37931

Title:　　　ST　　　　( ) Change (X) Addition
Name:　　PFEIFFER, DOUGLAS P
Address:　3418 ADAMS GATE ROAD
City-St-Zip:　KNOXVILLE, TN 37931

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:　DOUGLAS P. PFEIFFER　　　　　　　　　　　DP　　　　　　　04/30/2008
　　　　　　　Electronic Signature of Signing Officer or Director　　　　　　　　　　　Date