

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031007

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** INDEPENDENT SERVICE SOLUTIONS INC.

**Current Principal Place of Business:**

24300 BOBWHITE CT.  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

24300 BOBWHITE CT.  
LAND O' LAKES, FL 34639

**Current Mailing Address:**

24300 BOBWHITE CT.  
LAND O LAKES, FL 34639

**New Mailing Address:**

24300 BOBWHITE CT.  
LAND O' LAKES, FL 34639

FEI Number: 20-4405237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKNER, KIM R  
24300 BOBWH ITE CT.  
LAND O LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

BECKNER, KIM R  
24300 BOBWH ITE CT.  
LAND O' LAKES, FL 34639 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

01/18/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BECKNER, KIM R  
Address: 24300 BOBWHITE CT.  
City-St-Zip: LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: KIM R. BECKNER

Electronic Signature of Signing Officer or Director

P

01/18/2010

Date