2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057076

Address:

City-St-Zip:

4410 SOUTH AVENUE

TAMPA, FL 33614

Entity Name: LINITED PARK SERVICES INC

FILED Jan 19, 2009 Secretary of State

_	er Orane	i / ii (i OLIKVIOLO, II VO.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	ELLAS BAYWA ERDE, FL 33				
Current Mailing Address:			New Mailing Address:		
P.O. BOX 260633 TAMPA, FL 336850633			P.O. BOX 260633 TAMPA, FL 336850633 US		
FEI Number	: 86-1168292	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:		
TAMPA, F	AVE - STE 210 L 33605 US	5	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KAHANA, ALÀN	NUE-SUITE 210	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO (ENOCH, MARK 4410 SOUTH A TAMPA, FL 33	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (ENOCH, DEBR) Delete A	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DEBRA ENOCH S 01/19/2009