

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124184

Entity Name: S&Y SERVICES INC.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

11870 CLET HARVEY ROAD
GLEN SAINT MARY, FL 32040 US

New Principal Place of Business:

Current Mailing Address:

11870 CLET HARVEY ROAD
GLEN SAINT MARY, FL 32040 US

New Mailing Address:

FEI Number: 42-1713882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOWLING, YVONNE
11870 CLET HARVEY ROAD
GLEN SAINT MARY, FL 32040 US

Name and Address of New Registered Agent:

DOWLING-MAHAFFEY, YVONNE
11870 CLET HARVEY ROAD
GLEN SAINT MARY, FL 32040 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: YVONNE D MAHAFFEY

05/04/2009

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/D () Delete
Name: DOWLING, YVONNE
Address: 11870 CLET HARVEY ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: T () Delete
Name: DOWLING, YVONNE
Address: 11870 CLET HARVEY ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: T () Delete
Name: HERBERT, STEVEN
Address: 11870 CLET HARVEY ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: S (X) Delete
Name: DOWLING, TABITHA
Address: 11870 CLET HARVEY ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: DOWLING-MAHAFEEY, YVONNE
Address: 11870 CLET HARVEY ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: T (X) Change () Addition
Name: HERBERT, STEVEN
Address: 11870 CLET HARVEY ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: T (X) Change () Addition
Name: DOWLING, TABITHA
Address: 11870 CLET HARVEY ROAD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

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: YVONNE D MAHAFFEY

PTRA

05/04/2009

Electronic Signature of Signing Officer or Director

Date