2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007195

4097 VOLLEY LANE

NORCROSS, GA 30092 US

Address:

City-St-Zip:

FILED Feb 11, 2009 Secretary of State

Entity Name: OSS OFFICE SUPPORT SERVICES, INC						
Current Principal Place of Business:				New Principal Place o	New Principal Place of Business:	
	R RUN DRIVE SPRINGS, FL		US			
Current Mailing Address:				New Mailing Address	New Mailing Address:	
	R RUN DRIVE SPRINGS, FL		US			
FEI Number:	: 20-8200165	FEI Nu	mber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
COPLEY, MELVA J PRES. 1208 DEER RUN WINTER SPRINGS, FL 32708 US				1208 DEER RUN DRIV	COPLEY, MELVA J PRES. 1208 DEER RUN DRIVE WINTER SPRINGS, FL 32708 US	
	named entity e of Florida.	submits t	this statement for the p	ourpose of changing its registered	I office or registered agent, or both,	
SIGNATURE: KEVIN CHINFATT					02/11/2009	
Electronic Signature of Registered Agent				ent	Date	
Election Car	npaign Financin	g Trust Fu	ınd Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete COPLEY, MELVA J PRES. 1208 DEER RUN WINTER SPRINGS, FL 32708			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (CHINFATT, KE 506 EAST CEN ORLANDO, FL	NTRAL BLV	D	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (X POWERS, MEI 3810 HARRIS I KENNESAW, G	BLVD	EC	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TREA (X HAUGE, KATE	() Delete M TREAS		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: KEVIN CHINFATT VΡ 02/11/2009