

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000099014

**FILED**  
**Jul 09, 2008**  
**Secretary of State**

**Entity Name:** STUDER FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

3001 N. ROCKY POINT DR. E.  
200  
TAMPA, FL 33607

**New Principal Place of Business:**

204 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

3706 W. SEVILLA STREET  
TAMPA, FL 33629

**New Mailing Address:**

204 APOLLO BEACH BLVD.  
APOLLO BEACH, FL 33572

**FEI Number:** 26-0839247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WASHOFSKY AND ASSOCIATES, PA  
1876 N. UNIVERSITY DRIVE  
SUITE 200-E  
PLANTATION, FL 33322 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: STUDER, DOUGLAS W  
Address: 3706 W. SEVILLA STREET  
City-St-Zip: TAMPA, FL 33629

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: REILLY, DOROTHY  
Address: 918 OXFORD PARK COURT  
City-St-Zip: SUN CITY CENTER, FL 33573

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 W. STUDER

D/P

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date