

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109908

FILED
Mar 06, 2009
Secretary of State

Entity Name: DEALER SERVICE MENUS INC.

Current Principal Place of Business:

13900 JOG RD
STE 203-213
DELRAY BEACH, FL 33446

New Principal Place of Business:

118 BLACK OLIVE CRESCENT
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

13900 JOG RD
STE 203-213
DELRAY BEACH, FL 33446

New Mailing Address:

118 BLACK OLIVE CRESCENT
ROYAL PALM BEACH, FL 33411

FEI Number: 33-1191838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRODE, BARRY L
118 BLACK OLIVE CRESCENT
ROYAL PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHRODE, BARRY L
Address: 118 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Delete
Name: LUSTING, HARVEY
Address: 7888 NEW HOLLAND WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ST (X) Delete
Name: SHRODE, DONNA J
Address: 118 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: SHRODE, DONNA J
Address: 118 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: BARRY L SHRODE

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date