

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117412

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: INTERNET SALES SERVICE, INC.

## Current Principal Place of Business:

1904 N. PINE AVENUE  
OCALA, FL 34475 US

## New Principal Place of Business:

1904 N PINE AVE  
OCALA, FL 34475 US

## Current Mailing Address:

1904 N. PINE AVENUE  
OCALA, FL 34475 US

## New Mailing Address:

303 SE 17 STREET #309 SUITE 222  
OCALA, FL 34471 US

FEI Number: 26-1313306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURKE, HOWARD T  
5400 SW COLLEGE ROAD  
#302, SUITE 50  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

BURKE, HOWARD T  
303 SE 17 STREET  
#309 SUITE 222  
OCALA, FL 34471 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: HOWARD T BURKE

04/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURKE, HOWARD T  
Address: 5400 SW COLLEGE ROAD, #302, SUITE 50  
City-St-Zip: Ocala, FL 34474 US

Title: VP ( ) Delete  
Name: HEMENWAY, THOMAS W  
Address: 2600 NW 90TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP ( ) Delete  
Name: LAMBES, FRED J  
Address: 11308 NW SR 45  
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: S ( ) Delete  
Name: HEMENWAY, KATHY  
Address: 2600 NW 90TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURKE, HOWARD T  
Address: 303 SE 17 STREET #309 SUITE 222  
City-St-Zip: Ocala, FL 34471 US

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

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

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: HOWARD T BURKE

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date