

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135611

Entity Name: IHN SERVICES, INC.

FILED  
May 01, 2010  
Secretary of State

**Current Principal Place of Business:**

12670 RIDGEFIELD BLVD  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

12670 RIDGEFIELD BLVD  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

FEI Number: 26-1661214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STOPHEL, TIMOTHY J  
9303 GENNA TRACE TRAIL  
JACKSONVILLE, FL 32257 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

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  
Name: STOPHEL, THOMAS  
Address: 12670 RIDGEFIELD BLVD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP  
Name: STOPHEL, THOMAS E  
Address: 12670 RIDGEFIELD BLVD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S  
Name: STOPHEL, THOMAS E  
Address: 12670 RIDGEFIELD BLVD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T  
Name: STOPHEL, THOMAS  
Address: 12670 RIDGEFIELD BLVD  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS E STOPHEL

P

05/01/2010

Electronic Signature of Signing Officer or Director

Date