

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000016259

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CIS SUPPORT SERVICES, INC.

## Current Principal Place of Business:

1261 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756

## New Principal Place of Business:

## Current Mailing Address:

1261 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICK P. COLA, CPA, P.A.  
2579 SR580  
SUITE 211  
CLEARWATER, FL 33761 US

## Name and Address of New Registered Agent:

RICHARDS, JAMES K CPA  
1261 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 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: JAMES K. RICHARDS

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POULIN, KARL C  
Address: 1261 SOUTH MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: VP ( ) Delete  
Name: O'ROURKE, TIM  
Address: 1261 SOUTH MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: S ( ) Delete  
Name: GUNDRY, CRAIG  
Address: 1261 SOUTH MISSOURI AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: O (X) Delete  
Name: SCHOEPP, WILLIAM R  
Address: 1261 S MISSOURI AVE  
City-St-Zip: CLEARWATER, FL 33756

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KARL C. POULIN

CEO

04/27/2009

Electronic Signature of Signing Officer or Director

Date