2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P08000065133

Entity Name: A & S MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

7400 BAYMEADOWS WAY
SUITE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7400 BAYMEADOWS WAY
SUITE 100
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-2913515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOLLYWOOD-ALBERT, SHARON D
7400 BAYMEADOWS WAY
SUITE 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ANGELA, SALEMI RA
7400 BAYMEADOWS WAY
SUITE 100
JACKSONVILLE, FL 32256 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: ANGELA SALEMI 03/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOLLOWAY-ALBERT, SHARON D
Address: 12770 FLYNN FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SALEMI, GERALD W
Address: 7400 BAYMEADOWS WAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: O ( ) Change (X) Addition
Name: SALEMI, ANGELA
Address: 7400 BAYMEADOWS WAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: O ( ) Change (X) Addition
Name: ALBERT, SHARON D
Address: 7400 BAYMEADOWS WAY SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256

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: ANGELA SALEMI O 03/05/2009
Electronic Signature of Signing Officer or Director Date