## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000080440

FILED Mar 24, 2009 Secretary of State

Entity Name: RESOURCE ACQUISITION & MANAGEMENT SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 12902 COMMODITY PLACE TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 12902 COMMODITY PLACE TAMPA, FL 33626 FEI Number: 59-3276048 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&LCORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MATHEWS, H J Name: Name: REDWINE, GARY S 16430 TURNBURY OAK DR 12902 COMMODITY PLACE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: TAMPA, FL 33626 DVS Title: DVST (X) Change ( ) Addition Title: ( ) Delete Name: MATHEWS, MICHELE C Name: KASHMANIAN, MARK P 12902 COMMODITY PLACE 12902 COMMODITY PLACE Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 ( ) Delete Title: VD. Title: VD (X) Change ( ) Addition REDWINE, GARY S REDWINE, STEVEN L Name: Name: 16508 TURNBURY OAK DRIVE 12902 COMMODITY PLACE Address: Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: TAMPA, FL 34688 Title: (X) Delete Title: () Change () Addition REDWINE, STEVE Name: Name: Address: 230 DAVID AVE. Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: Title: CFOT (X) Delete Title: () Change () Addition Name: KASHMANIAN, MARK P Name: 12902 COMMODITY PLACE Address: Address: City-St-Zip: TAMPA, FL 33626 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: MARK P. KASHMANIAN DSVT 03/24/2009