

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084798

Entity Name: FIADA SERVICES CORP., INC.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

1840 FIDDLER COURT
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1840 FIDDLER COURT
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3443080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, LARRY
1840 FIDDLER COURT
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, DAVID
Address: 4543 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: KAGILLIERY, JIM
Address: 5002 GATE PARKWAY, SUITE 208
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: HICKEY, GEORGE
Address: P.O. BOX 10769
City-St-Zip: TAMPA, FL 33679

Title: MD () Delete
Name: PETERS, LARRY
Address: 1840 FIDDLER COURT
City-St-Zip: TALLAHASSEE, FL 322308

Title: D () Delete
Name: KEES, KELLIE
Address: 4200 W. COLONAL DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: COX, DAVID
Address: 4543 W. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33614

Title: P (X) Change () Addition
Name: KAGILLIERY, JIM
Address: 5002 GATE PARKWAY, SUITE 208
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Change () Addition
Name: ALLMOND, MARIO
Address: 3010 SCHERER DRIVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MD (X) Change () Addition
Name: PETERS, LAWRENCE
Address: 1840 FIDDLER COURT
City-St-Zip: TALLAHASSEE, FL 322308

Title: T (X) Change () Addition
Name: KEES, KELLIE
Address: 1891 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789

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: LAWRENCE PETERS

MD

02/19/2009

Electronic Signature of Signing Officer or Director

Date