

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097121

FILED
Apr 16, 2009
Secretary of State

Entity Name: STATEWIDE NOTICE SERVICES, INC.

Current Principal Place of Business:

7200 WEST MCNAB ROAD
TAMARAC, FL 33321

New Principal Place of Business:

12427 NW 35 STREET
CORAL SPRINGS, FL 33065

Current Mailing Address:

7200 WEST MCNAB ROAD
TAMARAC, FL 33321

New Mailing Address:

12427 NW 35 STREET
CORAL SPRINGS, FL 33065

FEI Number: 65-0712184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMAX, LORRAINE M
7200 W MCNAB RD
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

PRESICA-LOMAX, LORRAINE M
12427 NW 35 ST
CORAL SPRINGS, FL 33065 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: LORRAINE M PRESCIA-LOMAX

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOMAX, LORRAINE M
Address: 7200 WEST MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRESCIA-LOMAX, LORRAINE M
Address: 12427 NW 35 ST
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP () Change (X) Addition
Name: OWENS, KARA A
Address: 12427 NW 35 ST
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: KARA A OWENS

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date