# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# P96000104587

**Entity Name:** GOVERNMENT SERVICES GROUP, INC.

**Current Principal Place of Business:**

1500 MAHAN DR.
SUITE 250
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1500 MAHAN DR.
SUITE 250
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number: 59-3419105** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LINDSAY, KATHY E
1500 MAHAN DRIVE STE 250
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: BROWN, MARK
Address: 1500 MAHAN DRIVE SUITE 250
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: SWEAT, CHARLES L
Address: 280 WEKIVA SPRINGS ROAD, SUITE 203
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: SHEETS, ROBERT E
Address: 1500 MAHAN DRIVE STE 250
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: THARPE, CAMILLE P
Address: 1500 MAHAN DRIVE STE 250
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition
Name: SWEAT, CHARLES L
Address: 280 WEKIVA SPRINGS ROAD, SUITE 2000
City-St-Zip: LONGWOOD, FL 32779

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: KATHY E. LINDSAY RA 03/23/2009

Electronic Signature of Signing Officer or Director — Date