2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052491

Entity Name: FIRST FEDERAL FINANCIAL SERVICES CORPORATION

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
804 SOUTH OHIO AVENUE LIVE OAK, FL 32064				4705 WEST US HWY 90 LAKE CITY, FL 32055 US			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 2029 LAKE CITY, FL 32056				P.O. BOX 2029 LAKE CITY, FL 32056 US			
FEI Number:	59-3459411	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Re						ew Registered Agent:	
LEIBFRIED, KEITH C 804 SOUTH OHIO AVENUE LIVE OAK, FL 32060 US				LEIBFRIED, KEITH C 4705 WEST US HWY 90 LAKE CITY, FL 32055 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:					02/11/2008		
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:							
Title: Name: Address: City-St-Zip:	PSTD () I KEITH C LEIBFR 326 WESTMORE LIVE OAK, FL 3	ELAND		Title: Name: Address: City-St-Zip:	PSTD (X) KEITH C LEIBFF 326 WESTMOR LIVE OAK, FL 3	ELAND	
Title: Name: Address: City-St-Zip:	D () I STEPHEN SMITH P.O. BOX 1792 LAKE CITY, FL			Title: Name: Address: City-St-Zip:	D (X) STEPHEN SMIT P.O. BOX 1792 LAKE CITY, FL	,	
Title: Name: Address: City-St-Zip:	D () MCGRANAHAN, 10709 184TH ST MCALPIN, FL 32	REET		Title: Name: Address: City-St-Zip:	D (X) MCGRANAHAN, 10709 184TH S ⁻ MCALPIN, FL 3	FREET	
Title: Name: Address: City-St-Zip:	D () POOLE, RONNIE 9024 141ST DRI LIVE OAK, FL 3	VE		Title: Name: Address: City-St-Zip:	D (X) POOLE, RONNII 9024 141ST DR LIVE OAK, FL 3	IVE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP () BREWER, GEO 4705 WEST US LAKE CITY, FL	HWY 90	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SECR () SKEEN, SHARO 4705 WEST US LAKE CITY, FL	HWY 90	

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: KEITH C. LEIBFRIED PD 02/11/2008