

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052491

FILED
Feb 12, 2009
Secretary of State

Entity Name: FIRST FEDERAL FINANCIAL SERVICES CORPORATION

Current Principal Place of Business:

4705 WEST US HWY 90
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2029
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3459411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBFRIED, KEITH C
4705 WEST US HWY 90
LAKE CITY, FL 32055 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: PSTD () Delete
Name: KEITH C LEIBFRIED,
Address: 326 WESTMORELAND
City-St-Zip: LIVE OAK, FL 32064 US

Title: D () Delete
Name: STEPHEN SMITH,
Address: P.O. BOX 1792
City-St-Zip: LAKE CITY, FL 32056 US

Title: D () Delete
Name: MCGRANAHAN, ROBERT
Address: 10709 184TH STREET
City-St-Zip: MCALPIN, FL 32062 US

Title: D () Delete
Name: POOLE, RONNIE
Address: 9024 141ST DRIVE
City-St-Zip: LIVE OAK, FL 32060 US

Title: VP () Delete
Name: BREWER, GEORGE DAVID
Address: 4705 WEST US HWY 90
City-St-Zip: LAKE CITY, FL 32055 US

Title: SECR () Delete
Name: SKEEN, SHARON
Address: 4705 WEST US HWY 90
City-St-Zip: LAKE CITY, FL 32055 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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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: KEITH C. LEIBFRIED

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date