

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054693

FILED
Apr 19, 2009
Secretary of State

Entity Name: ARCHITECTURAL SUPPORT SERVICES, INC.

Current Principal Place of Business:

5243 BLACKJACK CIR
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

5243 BLACKJACK CIR
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: 65-0845632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABER, IAN
5243 BLACKJACK CIR
PUNTA GORDA, FL 33982 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: S () Delete
Name: FABER, DEBBIE
Address: 5243 BLACKJACK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

Title: DPT () Delete
Name: FABER, IAN
Address: 5243 BLACKJACK CIR
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IAN T FABER

DPT

04/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date