

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006960

FILED
Apr 30, 2008
Secretary of State

Entity Name: A1 ANSWERING SERVICE, INC.

Current Principal Place of Business:

3025 BRAVO CT.
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65097
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-3437577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, NORMA JEAN
3025 BRAVO CT.
ORANGE PARK, FL 32065 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: P () Delete
Name: WATTS, NORMA JEAN PRES.
Address: 600 THOMAS MCKEEN ST.
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: BRANNAN, CHARLES T DIR.
Address: 1015 DOSHIRE DR.
City-St-Zip: ORANGE PARK, FL 32065 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: WATTS, ROBERT B DIR
Address: 600 THOMAS MCKEEN ST.
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Change (X) Addition
Name: BRANNAN, LISA F DIR
Address: 1015 DOSHIRE DR.
City-St-Zip: ORANGE PARK, FL 32065

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: NORMA JEAN WATTS

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date