2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State
04-05-2007 90134 026 ***150.00

DOCUMENT # P05000074275

1. Entity Name
FAMILY TIES GUARDIANSHIP AND CASE SERVICES, INC.

Principal Place of Business	Mailing Address
3900 N. HAVERHILL ROAD #222502 WEST PALM BEACH, FL 33422 US	3900 N. HAVERHILL ROAD #222502 WEST PALM BEACH, FL 33422 US

04022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13598 159th St N	13598 159th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter FL	City & State: Jupiter FL
Zip: 33478 Country: USA	Zip: 33478 Country: USA

4. FEI Number APPLIED FOR 20-2869463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIFORD, LEEANN RA
3900 N. HAVERHILL ROAD
#222502
W. PALM BEACH, FL 33422

7. Name and Address of New Registered Agent

Name: LeeAnn Williford
Street Address (P.O. Box Number is Not Acceptable): 13598 159th St N
City: Jupiter FL Zip Code: 33478

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] April 2, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIFORD, LEEANN 3900 N. HAVERHILL ROAD #222502 WEST PALM BEACH, FL 33422	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 13598 159th St N Jupiter FL 33478	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-2-2007 561-635-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #