

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005274

FILED
Feb 22, 2007
Secretary of State

Entity Name: CORPORATE SERVICES SOLUTIONS, INC.

Current Principal Place of Business:

205 DOGWOOD DRIVE
NASHVILLE, GA 31639

New Principal Place of Business:

Current Mailing Address:

100 WEST BAY STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 58-1862304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMIL, K. NED
100 WEST BAY STREET
JACKSONVILLE, FL 32202 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: DP () Delete
Name: HAMIL, K. NED
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: C () Delete
Name: HOUSTON, H.G. III
Address: 205 DOGWOOD DRIVE
City-St-Zip: NASHVILLE, GA 31639

Title: VC () Delete
Name: SHAW, LOYD L
Address: 205 DOGWOOD DRIVE
City-St-Zip: NASHVILLE, GA 31639

Title: DST () Delete
Name: HARDEGREE, DAVID L JR.
Address: 100 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DAVID L. HARDEGREE

DST

02/22/2007

Electronic Signature of Signing Officer or Director

Date