

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252664

FILED
Aug 09, 2006
Secretary of State

Entity Name: COLLECTION SERVICES, INC.

Current Principal Place of Business:

116 S. BAYLEN ST.
PENSACOLA, FL 32501 US

New Principal Place of Business:

180 E BURGESS RD
SUITE G
PENSACOLA, FL 32503 US

Current Mailing Address:

P.O. BOX 1431
PENSACOLA, FL 32596 US

New Mailing Address:

180 E BURGESS RD
SUITE G
PENSACOLA, FL 32503 US

FEI Number: 59-0948576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, JEFFREY A
116 S BAYLEN ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

POWELL, JEFFREY A
180 E BURGESS RD
SUITE G
PENSACOLA, FL 32503 US

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:

08/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CST () Delete
Name: AGERTON, LAVONNE
Address: 116 BAYLEN ST.
City-St-Zip: PENSACOLA, FL

Title: PD () Delete
Name: POWELL, JEFFREY A.,
Address: 116 S.BAYLEN STREET
City-St-Zip: PENSACOLA, FL

Title: VD () Delete
Name: THOMPSON, W. RYDER
Address: 116 BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CST (X) Change () Addition
Name: AGERTON, LAVONNE
Address: 180 E BURGESS RD SUITE G
City-St-Zip: PENSACOLA, FL 32503

Title: PD (X) Change () Addition
Name: POWELL, JEFFREY A.,
Address: 180 E BURGESS RD SUITE G
City-St-Zip: PENSACOLA, FL 32503

Title: VD (X) Change () Addition
Name: THOMPSON, W. RYDER
Address: 180 E BURGESS RD SUITE G
City-St-Zip: PENSACOLA, FL 32503

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: LAVONNE AGERTON

CST

08/09/2006

Electronic Signature of Signing Officer or Director

Date