

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90013 046 \*\*\*150.00

**DOCUMENT # 690438**

1. Entity Name

SESSION SERVICES, INC.



Principal Place of Business

724 ORANGE AVE., SUITE B  
DAYTONA BEACH FL 32114-4773

Mailing Address

P.O BOX 10294  
DAYTONA BEACH FL 32120-0294



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2111793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SESSION, JOHNNY V  
1108 LAKEWOOD PARK DRIVE  
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS ☐ Delete  
NAME SESSION, WILLIE MAE MRS.  
STREET ADDRESS 1108 LAKEWOOD PK DR  
CITY-ST-ZIP DAYTONA BEACH FL 32117-3941

TITLE DP ☐ Delete  
NAME SESSION, JOHNNY VAN MR.  
STREET ADDRESS 1108 LAKEWOOD PK DR  
CITY-ST-ZIP DAYTONA BEACH FL 32117-3941

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director MRS. ☐ Change ☒ Addition  
NAME Theresia Session  
STREET ADDRESS PO Box 11294  
CITY-ST-ZIP DAYTONA BEACH FL 32120-1294

TITLE Director MRS. ☐ Change ☒ Addition  
NAME VANESSA S. Glover  
STREET ADDRESS 6012 GREENON LANE ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE Director MR. ☐ Change ☒ Addition  
NAME TYRONE P. MONROE,  
STREET ADDRESS 1132 Madison Ave  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/06