

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number **59-2111793**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2007 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-STATE-ZIP DAYTONA BEACH FL 32117-3941

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

TITLE D ☐ Delete
NAME SESSION, THERESA MS
STREET ADDRESS POB 11294
CITY-STATE-ZIP DAYTONA BEACH FL 32120-1294

TITLE D ☐ Delete
NAME GLOVER, VANNESSA S MRS
STREET ADDRESS 6012 GREENON LN RD
CITY-STATE-ZIP TALLAHASSEE FL 32304

TITLE D ☐ Delete
NAME MONROE, TYRONE P
STREET ADDRESS 1132 MADISON AVE
CITY-STATE-ZIP DAYTONA BEACH FL 32114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000717922
05/01/07-80001-012 150.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/07

386-405-5963