

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000377**

1. Entity Name  
**VALLEY SERVICES OF MISSISSIPPI, INC.**



Principal Place of Business  
**4400 MAGNUM DRIVE  
JACKSON, MS 39208**

Mailing Address  
**PO BOX 5454  
JACKSON, MS 39288**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**64-0932878**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000032308  
02/04/04-80184-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CPD  
CRAFT, MIKE  
PO BOX 5454 N/A  
JACKSON, MS 39288**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
COLE, BETTY  
PO BOX 5454 N/A  
JACKSON, MS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOGG, WT  
PO BOX 5454 N/A  
JACKSON, MS 39288**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
USHER, MICHAEL  
PO BOX 5454  
PEARL, MS 39288**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMS, LEM  
PO BOX 5454  
JACKSON, MS 39288**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SANDERS, STEVE  
PO BOX 5454  
JACKSON, MS 39288**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

**Michael Usher**

**1/20/04 (601) 664-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #