## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001945

Title:

Name:

Address:

City-St-Zip:

FILED Jul 06, 2004 Secretary of State

Entity Nan	ne: JUDICIA	AL CORRECTION SERVICES, IN	IC.				
Current Principal Place of Business:				New Principal Place of Business:			
1050 CROWN POINTE PKWY, STE 900 ATLANTA, GA 30338			1735 BUFORD HWY SUITE 215 #308 CUMMING, GA 30041				
Current Mailing Address:				New Mailing Address:			
1050 CROWN POINTE PKWY, STE 900 ATLANTA, GA 30338				1735 BUFORD HWY SUITE 215 #308 CUMMING, GA 30041			
FEI Number:	31-1814753	FEI Number Applied For ( )	FEI Nur	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GORLIN, J. 1234 AIRPO DESTIN, FI	ORT RD. ST	E 109 JS					
The above in the State		v submits this statement for the pu	urpose o	f changing it	s registere	d office or registered agent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent				Date			
		193(2)(b), F.S., the corporation did not ng Trust Fund Contribution ( ).	receive t	he prior notice	<b>e.</b>		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C ( SANDERS, J POB 762 WEPOWEE,			Title: Name: Address: City-St-Zip:	COO SANDERS, POB 762 WEDOWEE		
Title: Name: Address: City-St-Zip:	GORLIN, JAR	RD DUNWOODY RD #302		Title: Name: Address: City-St-Zip:	P GORLIN, JA 3172 ASHFO ATLANTA, G	ORD DUNWOODY RD	
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	COB MCMICHAEI 490 MANFO ATLANTA, G		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

CFO

FARRAHAR, CHARLES D

730 RIVER CLIFF CT

SUWANEE, GA 30024

( ) Change (X) Addition

SIGNATURE: CHARLES FARRAHAR **CFO** 07/06/2004

( ) Delete