


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 033 ***150.00

DOCUMENT # F03000004118 1. Entity Name C H SOLUTIONS, INC.			
Principal Place of Business 3780 I-55 NORTH JACKSON, MS 39211		Mailing Address P.O. BOX 188 JACKSON, MS 39205-0188	
2. Principal Place of Business - No P.O. Box # 300 Concourse Blvd Suite, Apt. #, etc. 300		3. Mailing Address P.O. Box 6006 Suite, Apt. #, etc.	
City & State Ridgeland, MS Zip Country 39157-2051 Madison		City & State Ridgeland, MS Zip Country 39158-6006 Madison	
4. FEI Number 72-1391658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC VANCE, CURTIS LARRY 3780 I-55 NORTH JACKSON, MS 39211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Concourse Blvd, Ste 300 Ridgeland, MS 39157-2051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHISON, WILLIAM H 3780 I-55 NORTH JACKSON, MS 39211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Concourse Blvd, Ste 300 Ridgeland, MS 39157-2051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWNING, JON L 3780 I-55 NORTH JACKSON, MS 39211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Concourse Blvd, Ste 300 Ridgeland, MS 39157-2051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDGE, MICHAEL W 3780 I-55 NORTH JACKSON, MS 39211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Concourse Blvd, Ste 300 Ridgeland, MS 39157-2051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, DIANE L 3780 I-55 NORTH JACKSON, MS 39211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Concourse Blvd, Ste 300 Ridgeland, MS 39157-2051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE, BETSY P 3780 I-55 NORTH JACKSON, MS 39211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Concourse Blvd, Ste 300 Ridgeland, MS 39157-2051
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-4-2008 601-607-5500 <small>Date Daytime Phone #</small>	