

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003739

FILED
Feb 20, 2006
Secretary of State

Entity Name: COMMUNITY SERVICES INC. OF ORLANDO, FLORIDA

Current Principal Place of Business:

601 W CROSSVILLE RD
ROSWELL, GA 30075 US

New Principal Place of Business:

Current Mailing Address:

601 W CROSSVILLE RD
SUITE 200
ROSWELL, GA 30075 US

New Mailing Address:

FEI Number: 58-2104862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASPURU, MONA
400 SANDPIPER LANE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, VINCENT
Address: 601 W CROSSVILLE RD
City-St-Zip: ROSWELL, GA 30075

Title: S () Delete
Name: MURPHY, MARILYN
Address: 601 W CROSSVILLE RD
City-St-Zip: ROSWELL, GA 30075

Title: T () Delete
Name: STUBBLEFIELD, LINDA
Address: 601 W CROSSVILLE RD
City-St-Zip: ROSWELL, GA 30075

Title: VP () Delete
Name: ASPURU, MONA
Address: 400 SANDPIPER LANE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: VINCENT MURPHY

P

02/20/2006

Electronic Signature of Signing Officer or Director

_____ Date