

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003739

FILED  
Jan 11, 2007  
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:

5755 NORTH POINT PKWY  
SUITE 67  
ALPHARETTA, GA 30022 US

## Current Mailing Address:

601 W CROSSVILLE RD  
SUITE 200  
ROSWELL, GA 30075 US

## New Mailing Address:

5755 NORTH POINT PKWY  
SUITE 67  
ALPHARETTA, GA 30022 US

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:

SKATES, DEBBIE  
400 SANDPIPER LANE  
CASSELBERRY, FL 32707 US

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: DEBBIE SKATES

01/11/2007

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MURPHY, VINCENT  
Address: 5755 NORTH POINT PKWY, STE 67  
City-St-Zip: ALPHARETTA, GA 30022

Title: S (X) Change ( ) Addition  
Name: MURPHY, MARILYN  
Address: 5755 NORTH POINT PKWY, STE 67  
City-St-Zip: ALPHARETTA, GA 30022

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

01/11/2007

Electronic Signature of Signing Officer or Director

Date