

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90039 047 ***150.00

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1. Entity Name
CORRECTIONAL SERVICES CORPORATION



Principal Place of Business

**1819 MAIN STREET
SUITE 1000
SARASOTA, FL 34236 US**

Mailing Address

**1819 MAIN STREET
SUITE 1000
SARASOTA, FL 34236 US**

94041558



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3182580

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

**METZ, STEPHEN W
215 S. MONROE ST., STE. 505
TALLAHASSEE, FL 32301**

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLATTERY, JAMES F CEO
STREET ADDRESS	8150 PERRY MAXWELL CIRCLE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	HORN, SHIMMIE CHBT BORGIOA
STREET ADDRESS	1819 MAIN STREET, SUITE 1000 1819 MAIN ST
CITY-ST-ZIP	SARASOTA, FL 34236 SARASOTA, FL 34236
TITLE	D
NAME	HUSKEY, BOBBIE L
STREET ADDRESS	1819 MAIN STREET
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	SPEISMAN, AARON
STREET ADDRESS	5845 N.W. 23RD TERRACE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VT
NAME	WAGNER, BERNARD A
STREET ADDRESS	1819 MAIN STREET, SUITE 1000
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DC
NAME	GERSON, STUART M
STREET ADDRESS	1227 25TH STREET N.W.
CITY-ST-ZIP	WASHINGTON, DC

**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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #