2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H93037

1. Entity Name
COUNTY COLLECTION SERVICES, INC.

Principal Place of Business	Mailing Address
3902 BURNS RD #16 WEST PALM BEACH, FL 33410 US	3902 BURNS RD #16 WEST PALM BEACH, FL 33410 US

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)
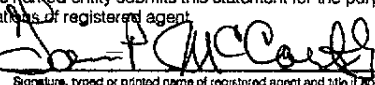
4. FEI Number	Applied For
65-0004225	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, JAMES P.
1136 HATTERAS CIRCLE
WEST PALM BEACH, FL 33413

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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 _JAMES P. MCCARTHY PRESIDENT_   DATE 1/5/05

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	MCCARTHY, JAMES P.
STREET ADDRESS	P.O. BOX 15553 N/A
CITY-ST-ZIP	WEST PALM BEACH, FL

TITLE	DSVP
NAME	HEGARTY, JAMES M.
STREET ADDRESS	P.O. BOX 1797
CITY-ST-ZIP	WEST PALM BEACH, FL

TITLE	S
NAME	MCCARTHY, AMY
STREET ADDRESS	POST OFFICE BOX 15553
CITY-ST-ZIP	WEST PALM BCH, FL 33416

TITLE	DT
NAME	MCCARTHY, REBECCA
STREET ADDRESS	P O BOX 15553
CITY-ST-ZIP	WEST PALM BEACH, FL 33416

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: _JAMES P. MCCARTHY_ 1/5/05 561-252-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #