

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # H93037**

1. Entity Name  
**COUNTY COLLECTION SERVICES, INC.**



Principal Place of Business  
**3902 BURNS ROAD - SUITE #16  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**P.O. BOX 15553  
WEST PALM BEACH, FL 33416 US**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0004225</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCCARTHY, JAMES P  
3902 BURNS ROAD - SUITE 16  
PALM BEACH GARDENS, FL 33410**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTHY, JAMES P. P.O. BOX 15553 N/A WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HEGARTY, JAMES M. P.O. BOX 1797 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCARTHY, AMY POST OFFICE BOX 15553 WEST PALM BCH, FL 33416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCARTHY, REBECCA P O BOX 15553 WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRETCHER, GARCIA P.O. BOX 1553 WEST PALM BEACH, FL 33416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000599489  
01/25/07-80025-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES MCCARTHY** 1/16/07 (561) 252-6080

Date

Daytime Phone #