

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93037

FILED
Jan 20, 2009
Secretary of State

Entity Name: COUNTY COLLECTION SERVICES, INC.

Current Principal Place of Business:

3902 BURNS ROAD - SUITE #16
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0004225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCARTHY, JAMES P
3902 BURNS ROAD - SUITE 16
PALM BEACH GARDENS, FL 33410 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: PD () Delete
Name: MCCARTHY, JAMES P.,
Address: P.O. BOX 15553 N/A
City-St-Zip: WEST PALM BEACH, FL

Title: DSVP () Delete
Name: HEGARTY, JAMES M.,
Address: P.O. BOX 1797
City-St-Zip: WEST PALM BEACH, FL

Title: S () Delete
Name: MCCARTHY, AMY,
Address: POST OFFICE BOX 15553
City-St-Zip: WEST PALM BCH, FL 33416

Title: DT () Delete
Name: MCCARTHY, REBECCA
Address: P O BOX 15553
City-St-Zip: WEST PALM BEACH, FL 33416

Title: S () Delete
Name: GRETCHEL, GARCIA
Address: P.O. BOX 15553
City-St-Zip: WEST PALM BEACH, FL 33416

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: GRETCHEL GARCIA

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01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date