

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95907

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** NECESSITIES, INCORPORATED

**Current Principal Place of Business:**

8260 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

4816 CHARLES BENNETT DRIVE  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

P.O. BOX 11679  
JAX, FL 322391679 US

**New Mailing Address:**

**FEI Number:** 59-2855672      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COFFMAN, SHARON G  
4816 CHARLES BENNETT DRIVE  
JAX, FL 32225 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: DP  
Name: COFFMAN, SHARON G  
Address: 4816 CHARLES BENNETT DRIVE  
City-St-Zip: JAX, FL 32225

Title: DVP  
Name: LUCEY, BONNIE  
Address: 12143 SPRINGMOOR NINE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: SHARON COFFMAN

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date