

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90023 002 ***150.00

DOCUMENT # L61693

1. Entity Name

CASE MANAGEMENT CHOICES, INC.



Principal Place of Business

8375 DIX ELLIS TRAIL
409
JACKSONVILLE FL 32256
US

Mailing Address

8375 DIX ELLIS TRAIL
409
JACKSONVILLE FL 32256
US

54002399



MOORE

CR2E034 (11/03)

2. Principal Place of Business

12627 San Jose Blvd
Suite, Apt. #, etc.
Bldg. #2 Suite 206
City & State
Jacksonville, Fl.

3. Mailing Address

12627 San Jose Blvd
Suite, Apt. #, etc.
Bldg. #2 Suite 206
City & State
Jacksonville, Fl.

Zip

32223

Country

USA

Zip

32223

Country

USA

4. FEI Number

59-3096673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JANET E P.A.
203 EAST RICH AVENUE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME KOWLSEN, TINA
STREET ADDRESS 5063 RUE STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ Delete
NAME KOWLSEN, TINA
STREET ADDRESS 5063 RUE STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ Delete
NAME KOWLSEN, TINA
STREET ADDRESS 5063 RUE STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ Delete
NAME KOWLSEN, TINA
STREET ADDRESS 5063 RUE STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 613 Grand Parke Drive
CITY-ST-ZIP Jacksonville, Fl. 32259

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tina M. Kowlsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

Date

(904)880-7970

Daytime Phone #