

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 046 ****70.00

DOCUMENT # N9500001286 1. Entity Name CONSUMER SUPPORT SERVICES, INCORPORATED					
Principal Place of Business 157 EAST 8TH STREET SUITE 116 JACKSONVILLE, FL 32206			Mailing Address 157 EAST 8TH STREET SUITE 116 JACKSONVILLE, FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3303369	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEVENSON, MICHAEL TROY 157 EAST 8TH STREET #116 JACKSONVILLE, FL 32206			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED STEVENSON, MICHAEL TROY <input type="checkbox"/> Delete		TITLE	<i>Stevenson, Michael Troy</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1141 WHITEBAY LANE		NAME	<i>3235 Honeywood dr</i>	
STREET ADDRESS	JACKSONVILLE, FL 32245		STREET ADDRESS	<i>Jacksonville, FL 32217</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	CD SANCHEZ-SALAZAR, BARBARA <input type="checkbox"/> Delete		TITLE		
NAME	PO BOX 47796		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32207		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD WARFEL, DICK <input type="checkbox"/> Delete		TITLE		
NAME	4383 SEVA BEZZA DR		NAME		
STREET ADDRESS	JACKSONVILLE BEACH, FL 32250		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD LIVESOY, JULIE <input type="checkbox"/> Delete		TITLE		
NAME	607 PARADISE CT.		NAME		
STREET ADDRESS	ATLANTIC BEACH, FL 32233		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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 employees.					
SIGNATURE: Michael Stevenson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 2-7-2005 Daytime Phone #					

[904] 726-0026