

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000115343

1. Entity Name
CHARITY SUPPORT SERVICE, INC.



**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90068 016 ***150.00

Principal Place of Business 747 RIDGEWOOD AVE HOLLY HILL, FL 32117		Mailing Address 747 RIDGEWOOD AVE HOLLY HILL, FL 32117	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6139 Jasmine Vine Dr. Suite, Apt. #, etc.	
City & State Port Orange, FL		4. FEI Number 26-0029888	
Zip 32128	Country Venezia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DANIEL, RICHARD T 6139 JASMINE VINE DR. PORT ORANGE, FL 32128		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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>P O'DANIEL, RICHARD T 6139 JASMINE VINE DR. PORT ORANGE, FL 32128</p>		<p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			

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

8/1/08

Date

Daytime Phone #