2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012305

Entity Name: H & S SERVICES OF NORTH FLORIDA, INC.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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2014 SHERIDAN RD. 790 SANDY DRIVE

TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32312

Current Mailing Address: New Mailing Address:

2014 SHERIDAN RD. 790 SANDY DRIVE

TALLAHASSEE, FL 32303 TALLAHASSEE, FL 23212

FEI Number: 59-3603152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HALL, SANDI L
2014 SHERIDAN RD.
HALL, SANDI L
790 SANDY DRIVE

TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32312 US

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: SANDI 01/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HALL, REGINALD G
 Name:
 HALL, REGINALD G

 Address:
 2014 SHERIDAN RD.
 Address:
 790 SANDY DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32312

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 STRING, LEVON
 Name:
 STRONG, LEVON

 Address:
 4117 SCARLETT DR.
 4117 SCARLETT DR.

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 HALL, SANDI
 Name:
 HALL, SANDI

 Address:
 2014 SHERIDAN RD.
 Address:
 790 SANDY DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDI HALL ST 01/18/2005