2005 FOR PROFIT CORPORATION

ANNUAL REPORT



FILED Jan 27, 2005 8:00 am Secretary of State

Change

Addition

DOCUMENT # P02000045513 1. Entity Name JACKSON COUNTY SUPPORT COORDINATION SERVICES, INC.					01-27-2005 90056 007 ***150.00					
,	e of Business	Mailing Address	<u> </u>					50/	00744	
2878 GREEN Room 218 Marianna, I		PO BOX 5709 Marianna, Fl 32447	US		4 484(484) 415	48/18 (191) 88(1) 88(1) 88				
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112005	112005 Chg-P CR2E034 (10/03)				
City & Stat	е	City & State	City & State		1			plied For t Applicable		
Zip	Country	Zip	Country	5. Certificate of Status				3.75 Addi	itional	
	6. Name and Address of Current	Registered Agent	tered Agent			7. Name and Address of New Registered Agent				
	ISTITUTION LANE, SUITE E	Name Street A	Name TM Herring Street Address (P.O. Box Number is Not Acaeptable)							
MARIANN	A, FL 32446		Ro			om al8				
			City V	$\mathcal{O}_{\mathcal{C}}$	mich	00-	FL	Zip Code	ĽΨ	
SIGNATURE.	Signature, typed or printed name of registered agent	E: Registered Agent signs		- -		DATE				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con		\$5 . Add	.00 May Be ed to Fees	<u>-</u>		• •		
10.	. : OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND D	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, TIM 5228 3RD AVE MALONE, FL 32445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				E	□ Change	☐ Addition	
INTLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·		C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS. CITY-ST-ZIP				.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7/P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Original File Date



ATTACHMENT 50007445 Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report. P02000045513 Document Number JACKSON COUNTY SUPPORT COORDINATION SERVICES. **Business Entity** Name INC.

FEI Number

82-0543101

04/22/2002

Principal Address 2878 GREEN ST

ROOM 218

MARIANNA, FL 32447 US

Mailing Address

PO BOX 5709

MARIANNA, FL 32447 US

Registered Agent TIM HERRING

4417 CONSTITUTION LANE, SUITE E

MARIANNA, FL 32446

Officer/Director Name And Address

D

TIM HERRING

5228 3RD AVE.

MALONE, FL 32445

If all of the above information is correct If you need to make changes to the and you do not wish to make any above information, please select: changes, please select:

No Changes

Make Changes

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