

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90024 049 \*\*\*150.00

**60018452**



02052006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000045513</b>		
1. Entity Name JACKSON COUNTY SUPPORT COORDINATION SERVICES, INC.		

Principal Place of Business 2878 GREEN ST ROOM 218 MARIANNA, FL 32447 US	Mailing Address PO BOX 5709 MARIANNA, FL 32447 US
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2. Principal Place of Business 5228 3rd Ave Suite, Apt. #, etc.	3. Mailing Address 5228 3rd Ave Suite, Apt. #, etc.
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City & State Malone FL	City & State Malone FL
Zip 32445	Country USA

4. FEI Number 82-0543101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERRING, TIM 2878 GREEN STREET #218 MARIANNA, FL 32447	
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7. Name and Address of New Registered Agent Name: Herring, Tim Street Address (P.O. Box Number is Not Acceptable) 5228 3rd Ave City: Malone FL Zip Code: 32445	
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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: *Tim Herring* OWNER DATE: 2-16-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, TIM 5228 3RD AVE. MALONE, FL 32445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tim Herring* OWNER DATE: 2-16-06

Signature and typed or printed name of signing officer or director