


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02025</b> 1. Entity Name MISSCO CORPORATION OF JACKSON	
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Principal Place of Business 2510 LAKELAND TERRACE SUITE 100 JACKSON, MS 39216-4717	Mailing Address P.O. BOX 5349 JACKSON, MS 39296-5349
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 64-0207070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SLOCUMB, LYNN E  
3199 LAKESIDE CIRCLE  
PARRISH, FL 34219-9340

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000044751 02/11/04-80034-012 150.00
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SORGENFREI, MARK A CPA 2510 LAKELAND TERRACE, SUITE 100 JACKSON, MS 39216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEETS, RANDOLPH O III 2510 LAKELAND TERRACE JACKSON, MS 39216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VICTOR 2150 LAKELAND TERRACE JACKSON, MS 39216
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Mark A. Sorgenfrei Mark A. Sorgenfrei 2-5-04 601-987-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #