

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02025**

1. Entity Name  
**MISSCO CORPORATION OF JACKSON**



Principal Place of Business  
**2510 LAKELAND TERRACE  
SUITE 100  
JACKSON, MS 39216-4717**

Mailing Address  
**P.O. BOX 5349  
JACKSON, MS 39296-5349**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000592812  
01/22/07-80005-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO SORGENFREI, MARK A CPA 2510 LAKELAND TERRACE, SUITE 100 JACKSON, MS 39216</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PEETS, RANDOLPH O III 2510 LAKELAND TERRACE JACKSON, MS 39216</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, VICTOR 2150 LAKELAND TERRACE JACKSON, MS 39216</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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

**1-12-07**

Date

**601-368-2525**

Daytime Phone #