


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P02025 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



01072008 No Chg-P CR2E034 (11/05)

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000828784
 02/26/08-80014-009 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Mark A. Sorgenfrei Mark A. Sorgenfrei/CEO 2/15/2008 601/987-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #