


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90048 029 ***158.75

DOCUMENT # P03000015550 1. Entity Name CRIMINAL JUSTICE CONSULTING SERVICES, INC.			
Principal Place of Business 2311 BRISBANE STREET APT. 49 CLEARWATER, FL 33763 US		Mailing Address 2311 BRISBANE STREET APT. 49 CLEARWATER, FL 33763 US	
2. Principal Place of Business - No P.O. Box # 9801 SIMEON DRIVE Suite, Apt. #, etc.		3. Mailing Address 9801 SIMEON DRIVE Suite, Apt. #, etc.	
City & State LAND O LAKES FL Zip Country 34638 US		City & State LAND O LAKES FL Zip Country 34638 US	
4. FEI Number 56-2314647		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GLOVER, BARRY W 2311 BRISBANE STREET APT. 49 CLEARWATER, FL 33763		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9801 SIMEON DRIVE City State Zip Code LAND O LAKES FL 34638	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, BARRY W 2311 BRISBANE STREET CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9801 SIMEON DRIVE LAND O LAKES FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTLE, ASHLEE 2311 BRISBANE STREET CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9801 SIMEON DRIVE LAND O LAKES FL 34638
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
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
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
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: BARRY W GLOVER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Barry W. Glover 4/5/08 813-310-4365 Date Daytime Phone #	