

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90310 040 \*\*\*150.00

**DOCUMENT # P03000029376**

1. Entity Name

PERSONAL TOUCH SUPPORT SERVICES, INC.



Principal Place of Business

6961 CLOVIS ROAD  
JACKSONVILLE FL 32205  
US

Mailing Address

6961 CLOVIS ROAD  
JACKSONVILLE FL 32205  
US

10319 Woodley Pt. Rd  
Jax, FL 32218

P.O. Box 26218  
Jax, FL 32226

2. Principal Place of Business

10319 Woodley Pt. Rd.  
Jax, FL

3. Mailing Address

P.O. Box 26278  
Jax, FL



MOORE

CR2E034 (11/03)

4. FEI Number

32-0066166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PURDY, EDITH  
6961 CLOVIS ROAD  
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Edith D. Purdy*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST  
NAME: PURDY, EDITH  
STREET ADDRESS: 6961 CLOVIS ROAD  
CITY-ST-ZIP: JACKSONVILLE FL 32205  
☐ Delete (Address Change) ↓

TITLE: PST  
NAME: Purdy, Edith  
STREET ADDRESS: 10319 Woodley Point Road  
CITY-ST-ZIP: Jacksonville, FL 32218  
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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:

*Edith D. Purdy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/04 904-766-1055