2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000078402 1. Entity Name PEOPLE'S CHOICE SUPPORTS AND SERVICES, INC			SILED 05 APR II PH 4: 14
Principal Place of Business	Mailing Address	-	SEUNCIARY OF STAIL TALLAHASSEE, FLORIDA
3196 GINGER DR APT. C	3196 GINGER DR APT. C		TALLAHASSELTT ESTATE
TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308)8) (0.00/2017) (0.00/2017) (0.00/2017) (0.00/2017) (0.00/2017) (0.00/2017) (0.00/2017) (0.00/2017)
2. Principal Place of Business			
Suite, Apt. #, etc. 1083 Ocala Rd City & State	Suite, Apt. #, etc.	20994	
Tallahassee, Florida	Toil ahass		4. FEI Number Applied For V Not Applicable
Zip 32304 Country USA	32316	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current	Hegistered Agent	Name	7. Name and Address of New Registered Agent
SOLOMON, TIFFANY A 3196 GINGER DR		Street Address	(P.O. Box Number is Not Acceptable)
APT. C TALLAHASSEE, FL 32308		1082	Ocala Road
		City Ta	I 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 degistered agent.			
SIGNATURE Signature, typed of privided name of unglistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME SOLOMON, TIFFANY A	☐ Delete	NAME	
STREET ADDRESS 3196 GINGER DR CITY-ST-ZIP TALLAHASSEE, FL 32308		STREET ADDRESS CITY-ST-ZIP	083 Ocala Road allahasse, Fr 32316
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street address		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600054004316 05/06/0501047021 **158.75
TITLE	☐ Detete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-SI-ZIP	<u> </u>	CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME		NAME	_ County _ Hadition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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 fixe empowered.			
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNTS OF SIGNATURE PROVED PR			
SIGNAL UNE AND THE UNIT	O I MARE OF SIGNING OFFICER OF		Osymie riche i