

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087229

FILED
Jul 09, 2009
Secretary of State

Entity Name: FRESH START DEBT MANAGEMENT INC

Current Principal Place of Business:

9951 ATLANTIC BLVD
SUITE 313
JACKSONVILLE, FL 32225

New Principal Place of Business:

8596 ARLINGTON EXPRESSWAY
SUITE-A
JACKSONVILLE, FL 32211

Current Mailing Address:

POST OFFICE BOX 17683
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 91-2188198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEASER, MICHAEL L
9951 ATLANTIC BLVD
SUITE 313
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

CEASER, MICHAEL L
8596 ARLINGTON EXPRESSWAY
SUITE-A
JACKSONVILLE, FL 32211 US

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.

SIGNATURE:

07/09/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CEASER, MICHAEL L
Address: 12436 APPLE LEAF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP () Delete
Name: VIOLET, WALTON
Address: 12436 APPLE LEAF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: HEYDINGER, AGNES M
Address: 12541 MASTERS RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: HEYDINGER, ALFRED P
Address: 12541 MASTERS RIDGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CEASER

P

07/09/2009

Electronic Signature of Signing Officer or Director

Date