

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061749

FILED
Apr 27, 2009
Secretary of State

Entity Name: HANDICAP SERVICES OF JACKSONVILLE, INC.

Current Principal Place of Business:

3624 BRIDGEWOOD DR.
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3624 BRIDGEWOOD DR.
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 20-5457088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L.
1930 SAN MARCO BLVD., STE. 201, ST. MARKS
PLACE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EL-BAHRI, ANDRE
Address: 3624 BRIDGEWOOD DR.
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANDRE BAHRI

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date