

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129442

FILED
Jan 18, 2009
Secretary of State

Entity Name: EXCEPTIONAL CASE SERVICES, INC.

Current Principal Place of Business:

2220 COUNTY RD. 210 W.
SUITE 108 BOX 409
JACKSONVILLE, FL 32259

New Principal Place of Business:

2220 COUNTY RD. 210 W.
SUITE 108 BOX 409
SAINT JOHNS, FL 32259

Current Mailing Address:

2220 COUNTY RD. 210 W.
SUITE 108 BOX 409
JACKSONVILLE, FL 32259

New Mailing Address:

2220 COUNTY RD. 210 W.
SUITE 108 BOX 409
SAINT JOHNS, FL 32259

FEI Number: 20-5695263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, JULIE
1957 LYNDHURST DRIVE
SAINT AUGUSTINE, FL 32092 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: PVPT () Delete
Name: COLLINS, JULIE A
Address: 1957 LYNDHURST DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S () Delete
Name: COLLINS, JULIE A
Address: 1957 LYNDHURST DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JULIE COLLINS

PRES

01/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date