

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129442

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** EXCEPTIONAL CASE SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

552382 US HWY 1  
SUITE B  
HILLIARD, FL 32046

**Current Mailing Address:**

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

**New Mailing Address:**

POST OFFICE BOX 70  
HILLIARD, FL 32046

**FEI Number:** 20-5695263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, JULIE  
1957 LYNDHURST DRIVE  
SAINT AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

FAHLGREN, STEVEN M  
552382 US HIGHWAY 1  
HILLIARD, FL 32046 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: /S/ STEVEN M. FAHLGREN

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: COLLINS, JULIE A  
Address: 552382 US HIGHWAY 1  
City-St-Zip: HILLIARD, FL 32046

Title: VP  
Name: ANDERSON, LISA  
Address: 552382 US HIGHWAY 1  
City-St-Zip: HILLIARD, FL 32046

Title: T  
Name: FAHLGREN, KIMBERLY  
Address: 552382 US HIGHWAY 1  
City-St-Zip: HILLIARD, FL 32046

I hereby 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 all other like empowered.

SIGNATURE: /S/ KIMBERLY FAHLGREN

S

02/03/2011

Electronic Signature of Signing Officer or Director

Date