2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# P07000028432

Entity Name: COBB SUPPORT COORDINATION SERVICES, INC

Current Principal Place of Business:

8233 VELVET SPRINGS LANE
JACKSONVILLE, FL 32244

New Principal Place of Business:

1948 MCGIRTS POINT BLVD
JACKSONVILLE, FL 32221

Current Mailing Address:

P. O. BOX 440304
JACKSONVILLE, FL 32222

New Mailing Address:

P. O. BOX 6004
JACKSONVILLE, FL 32236

FEI Number: 01-0887273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, DARBY S
10574 OTTER CREEK
JACKSONVILLE, FL 32222 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

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: COBB, ANGELA M
Address: P. O. BOX 440304
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP ( ) Delete
Name: COBB, MICHAEL A
Address: P. O. BOX 440304
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COBB, ANGELA M
Address: P. O. BOX 6004
City-St-Zip: JACKSONVILLE, FL 32236

Title: VP (X) Change ( ) Addition
Name: COBB, MICHAEL A
Address: P. O. BOX 6004
City-St-Zip: JACKSONVILLE, FL 32236

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: ANGELA COBB P 05/22/2008

Electronic Signature of Signing Officer or Director Date