

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024393

FILED  
Mar 18, 2007  
Secretary of State

**Entity Name:** CONTRACT SERVICES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

536 NORTH MONROE STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1487  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 59-3173106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLER, DENNIS  
9387 SALEM ROAD  
QUINCY, FL 32353 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: PVST ( ) Delete  
Name: FULLER, DENNIS  
Address: 9387 SALEM ROAD  
City-St-Zip: QUINCY, FL 32353

**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 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: DENNIS FULLER

OWNE

03/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date