

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000024393

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2404 OLD ST AUGUSTINE ROAD  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

427 CROSSWAY RD.  
TALLAHASSEE, FL 32305 US

**Current Mailing Address:**

2404 OLD ST AUGUSTINE ROAD  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

427 CROSSWAY RD.  
TALLAHASSEE, FL 32305 US

**FEI Number:** 59-3173106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, JAMES W  
2404 OLD ST AUGUSTINE ROAD  
TALLAHASSEE, FL 32301 US

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

HOWARD, JAMES W  
427 CROSSWAY RD.  
TALLAHASSEE, FL 32305 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:

02/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOWARD, JAMES W  
Address: 427 CROOSWAY RD.  
City-St-Zip: TALLAHASSEE, FL 32305

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: JAMES W. HOWARD

PRES

02/27/2012

Electronic Signature of Signing Officer or Director

Date