## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000101385  1. Entity Name HUMAN TOUCH SUPPORT COORDINATION, INC.					• <u></u> -			Apr 15, 200 Secretar	95 08:0 14 of St	00 AM tate	
Principal Place of Business  6028 SONGBIRD DR PENSACOLA FL 32503 US			POE	Mailing Address P O BOX 10480 PENSACOLA FL 32524 US						provide il lene	
Same		ess	Sea	3. Mailing Address Spine #S							
Suite, Apt.				Suite, Apt. #, etc.  City & State					34 (10/04)	Applied For	
City & State  Zip Country				Zip Country			4. FEI Numi	59-3413909	( <del></del>	lot Applicable	
Zip						5. Certific		nd Address of New Registered Agent			
6. Name and Address of Current Registered Agent						Name					
602		A IRD DRIVE FL 32503				Street Address	(P.O. Box Number is Not Acceptable)				
						City			Zip Co	de	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, you'd or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE											
				Dicable (NC	TE Registere	d Agent signature require	od when reinstaling)	- DA1	t		
After	! FEE IS \$150.00 5 Fee Will Be \$55 Florida Departme		· · · · · · · · · · · · · · · · · · ·			9. Election Campaign Fina Trust Fund Contribution	. 🔲 Add	5.00 May Be ded to Fees			
10.	1_	OFFICERS	AND DIRECTO		11.		ADDITIONS	S/CHANGES TO OFFICERS A			
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12. I hereby indicated of the co-	certify that the don this report progration or the d, or on an atta	e information supplier t or supplemental rep ne receiver or trustee achment with an addr	d with this filing ort is true and empowered to ess, with all oth	does not qualify to accurate and that execute this reponer like empowere	for the exe t my signa ort as requ ed.	emption stated in S sture shall have the ired by Chapter 60	Section 119.07(3 e same legal effo 07, Florida Statu	B)(i), Florida Statutes I further ect as if made under oath; that tes; and that my name appea	certify that the it I am an office irs in Block 10	information er or director or Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

**FILED**