


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P98000004654 ✓	
<b>1. Entity Name</b> JSS OF ORLANDO, INC. ✓	

<b>Principal Place of Business</b> 600 E. COLONIAL DRIVE SUITE 100 ORLANDO FL 32803 ✓	<b>Mailing Address</b> 600 E. COLONIAL DRIVE ✓ SUITE 100 ORLANDO FL 32803
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

**4. FEI Number** 59-3490776 ✓ **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SCHRIMSHER, STEVEN J ✓  
600 E. COLONIAL DRIVE  
SUITE 100  
ORLANDO FL 32803

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
	PD	SCHRIMSHER, J S ✓	600 E COLONIAL DR STE 100 ORLANDO FL 32803				
	VPD	SCHRIMSHER, FRANK L ✓	600 E COLONIAL DR STE 100 ORLANDO FL 32803				
	D	SCHRIMSHER, MICHAEL ✓	600 E COLONIAL DR STE 100 ORLANDO FL 32803				

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **J. Steven Schrimsher** 11/8/06 407-423-7600