2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101859

Entity Name: VOCATIONAL SERVICES, INC.

GRISSINGER, KAREN

JACKSONVILLE, FL 32218

13948 WEBB RD

Name: Address:

City-St-Zip:

FILED Jan 11, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10 WEST ADAMS STREET 10 WEST ADAMS STREET JACKSONVILLE, FL 32202 SUITE 103 JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** 10 WEST ADAMS STREET STE 103 JACKSONVILLE, FL 32202 FEI Number: 59-3616657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GRISSINGER, CHARLES R GRISSINGER, CHARLES R 13948 WEBB RD 13948 WEBB RD DAYTONA BEACH, FL 32118 US JACKSONVILLE, FL 32118 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: CHARLES R GRISSINGER 01/11/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GRISSINGER, RICHARD Name: Name: 13948 WEBB RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: Title: () Delete () Change () Addition GRISSINGER, BILL Name: Name: 1944 OAK TRAIL Address: Address: CALLAHAN, FL 32011 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GRISSINGER, VICKI Name: Name: 1944 OAK TRAIL Address: Address: City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN GRISSINGER Τ 01/11/2004