

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 035 ***150.00

DOCUMENT # P02000091526

1. Entity Name
ALL COAST THERAPY SERVICES, INC.



Principal Place of Business
**33207 WINDY OAK STREET
SORRENTO, FL 32776**

Mailing Address
**PO BOX 1002
SORRENTO, FL 32776**

50003716



01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number
56-2288146

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMM, J. MARK
33207 WINDY OAK STREET
SORRENTO, FL 32776**

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

Signature: Type or print the name of registered agent and file if applicable

(NOTE: Registered agent signature required only if transferred)

Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D HAMM, J. MARK**
STREET ADDRESS **PO BOX 1002**
CITY-STATE-ZIP **SORRENTO, FL 32776**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D HAMM, ALISON G**
STREET ADDRESS **PO BOX 1002**
CITY-STATE-ZIP **SORRENTO, FL 32776**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06

Date

Page One of One