

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2007 08:00 A
Secretary of State

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**



05252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2288146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
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CITY - ST - ZIP

U00000765442
06/01/07-80005-012 150.00

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IN THIS SPACE**

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: Alison G. Hamm Alison G. Hamm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-07
Date

352-255-4324
Daytime Phone #