2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2005 90002 045 ***150.00
P02000099805

DOCUMENT # P02000099805

1. Entity Name
~~STEVE~~ GODFREY, LMHC, INC.
Stephen Godfrey, LMHC, INC.

FILED
05 JUL 12 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1313 S. WASHINGTON HWY Suite-C TITUSVILLE, FL 32780	1313 S. WASHINGTON HWY Suite-C TITUSVILLE, FL 32780

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1313 S. Washington Ave	
Suite, Apt. #, etc.: Suite - C	Suite, Apt. #, etc.: SAME
City & State: Titusville, FLA	City & State:
Zip: 32780 Country: BREVARD	Zip: Country:

4. FEI Number 20-1237216 ☐ Applied For ☐ Not Applicable

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
FLORIDA INCORPORATION STATION, LLC 420 PARK AVE 19 TALLAHASSEE, FL 32301	Name: SAME 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: D [signature] FIS Inc 6/30/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODFREY, STEPHEN 1313 S. WASHINGTON HWY Suite -C TITUSVILLE, FL 32780 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suite -C ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Note Need rec. Any Notice ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	for Renewal. & one rec. card 6-30-05 Enclosed $150.00 + $8.75 = $158.75 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fee Check M 158.75 total ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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] LMHC Inc 6/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #