


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000044481

1. Entity Name
INDIVIDUAL AND FAMILY SERVICES, INC.



Principal Place of Business 2401 WEST BAY DR. STE 117, BLDG 100 LARGO, FL 33770 US	Mailing Address 2401 WEST BAY DR. STE 117, BLDG 100 LARGO, FL 33770 US
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02062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3252077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, KENNETH
 2401 WEST BAY DRIVE
 BLDG 100, SYE 117
 LARGO, FL 33770**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROSEN, KENNETH 2401 WEST BAY DR, STE 117, BLDG 100 LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEN, PAULA 10388 KUMQUAT LANE SEMINOLE, FL 33772
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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: Kenneth Rosen **KENNETH ROSEN** 3-22-05 **727-584-4437**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #