

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # V39497		
1. Entity Name FLORIDA COUNSELING SERVICES, INC.		
Principal Place of Business P.O. BOX 21744 FT LAUDERDALE, FL 33335 US	Mailing Address P.O. BOX 21744 FT LAUDERDALE, FL 33335 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARFIELD, NEIL F 3500 N STATE RD 7 #333 FT LAUDERDALE, FL 33319		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 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	D PINCK, MARCIA P.O. BOX 21744 N/A FT LAUDERDALE, FL 33335	DO NOT WRITE IN THIS SPACE
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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)(f), 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: <u>Marcia Pinck</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/15/05</u> Date <u>525-1050</u> Daytime Phone #



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0336299	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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04/30/05-20033-004 150.00