

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000093762

1. Entity Name
NORTHEAST COUNSELING, P.A.



FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
1519 DR. M.L. KING JR. ST. NORTH
SUITE B
ST. PETERSBURG, FL 33704

Mailing Address
1519 DR. M.L. KING JR. ST. NORTH
SUITE B
ST. PETERSBURG, FL 33704



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5213498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TINKER, MARK
501 1ST AVENUE NORTH
SUITE 900
SAINT PETERSBURG, FL 33701

**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 12, 2008**

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
PTS
RHODES, JUSTINE R
1519 DR. M.L. KING JR. ST. NORTH, SUITE B
ST. PETERSBURG, FL 33704

TITLE
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CITY-ST-ZIP

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U00000954645
07/14/08-80009-007 150.00

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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:

Justine Rhodes Justine Rhodes 7/8/08 (727) 252-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #