

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90056 040 ***150.00

DOCUMENT # 342837

1. Entity Name

PSYCHOLOGICAL AND FAMILY CONSULTANTS, INC.



Principal Place of Business

1254 OCALA ROAD
TALLAHASSEE FL 32304

Mailing Address

1254 OCALA ROAD
TALLAHASSEE FL 32304

34055701



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1263156

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MADSEN JR., CHARLES H
811 ABBIEGAIL DR
TALLAHASSEE FL 32303

Name

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	MADSEN, CHARLES H JR DR	
STREET ADDRESS	811 ABBIEGAIL DR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MADSEN, DIANE	
STREET ADDRESS	811 ABBIEGAIL DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORSE, RAQUELLE	
STREET ADDRESS	6617 TOMY LEE TR	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Raquele Morse* **Raquele Morse**

3/17/04 **3/17/04**

575-8954 **575-8954**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #