

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003377

1. Entity Name
AMERICAN COUNSELORS, INC.



Principal Place of Business
**1360 REDMOND CR.
ROME, GA 30165**

Mailing Address
**1360 REDMOND CR.
ROME, GA 30165**



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1517203

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANTHONY, JOHN
33 N. GARDEN AVE. #1100
CLEARWATER, FL 33755-6606**

**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

000000217876
02/07/05-80041-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	WHITE, MICHAEL A
STREET ADDRESS	33 N. GARDEN AVE. #1000
CITY-ST-ZIP	CLEARWATER, FL 337556606
TITLE	S
NAME	WHITE, ANN O
STREET ADDRESS	33 N. GARDEN AVE. #1000
CITY-ST-ZIP	CLEARWATER, FL 337556606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Michael A. White **MICHAEL A. WHITE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05

Date

1-800-321-0102

Daytime Phone #