

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004049

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** TOM WILSON COUNSELING CENTERS, INCORPORATED

**Current Principal Place of Business:**

1203 GOVERNORS SQUARE BLVD.  
SUITE 101  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

514 SO. ORCHARD ST.  
SUITE 101  
BOISE, ID 83705

**New Mailing Address:**

**FEI Number:** 82-0492790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTC ( ) Delete  
Name: WILSON, THOMAS A  
Address: 514 SO. ORCHARD, SUITE 101  
City-St-Zip: BOISE, ID 83705

Title: VCD ( ) Delete  
Name: WILSON, THOMAS A  
Address: 514 SO. ORCHARD, SUITE 101  
City-St-Zip: BOISE, ID 83705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A WILSON

PSTC

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date