

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # G79272 1. Entity Name PSYCHOLOGICAL AND COUNSELING CONSULTANTS, INC.	
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Principal Place of Business 304 N. MERIDIAN ST. SUITE 4 TALLAHASSEE, FL 32301 US	Mailing Address 711 KENILWORTH ROAD TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2736751	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCALF, DR. LANCE D 711 KENILWORTH ROAD TALLAHASSEE, FL 32312
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**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 <u>Lance D. Scalf, President</u> Signature, typed or printed name of registered agent and title if applicable. (INC) If Registered Agent signature required when reinstating	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000410062 02/09/06-80021-017 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCALF, LANCE D 711 KENILWORTH ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCALF, HEIDI C 711 KENILWORTH ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCALF, HEIDI C 711 KENILWORTH ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCALF, LANCE D 711 KENILWORTH ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Lance D. Scalf</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1/9/06</u> (850) 686-6971 Daytime Phone If