


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90041 026 \*\*\*150.00

<b>DOCUMENT # J00288</b> 1. Entity Name <b>FLORIDA SOCIETY OF PROFESSIONAL HYPNOTHERAPISTS, INC.</b>					
Principal Place of Business <b>197 GLENWOOD RD DELAND FL 32720 US</b>			Mailing Address <b>197 GLENWOOD RD DELAND FL 32720 US</b>		
2. Principal Place of Business <b>830 N WOODLAND BLVD</b>		3. Mailing Address <b>830 N WOODLAND BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>DELAND FL 32720</b>		City & State <b>DELAND FL 32720</b>			
Zip <b>32720</b>	Country	Zip <b>32720</b>	Country	4. FEI Number <b>59-2697952</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KEIN, SHIRLEY L 197 GLENWOOD RD DELAND FL 32720</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KEIN, SHIRLEY L 197 GLENWOOD RD DE LAND FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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MOORE CR2E034 (11/03)

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:** *Shirley L. Kein* **SHIRLEY L. KEIN P.** **3/16/04** **386-738-9188**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #