

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90056 022 ***150.00

DOCUMENT # K24738

1. Entity Name
EAST BAY COUNSELING CENTER, INC.



Principal Place of Business

737 MAIN STREET
SUITE 109
SAFETY HARBOR, FL 34695 US

Mailing Address

737 MAIN STREET
SUITE 109
SAFETY HARBOR, FL 34695 US

50016863



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2893274

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DAHLHAUSER, HELEN
~~1479 S. BELCHER RD~~ **737 MAIN ST. Suite 109**
~~LARGO, FL 33771~~ **SAFETY HARBOR FL 34695**

**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 *Helen F. Dahlhauser* **HELEN F. DAHLHAUSER** 2/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAHLHAUSER, HELEN
STREET ADDRESS 737 MAIN ST, SUITE 109
CITY-ST-ZIP SAFETY HARBOR, FL 34695

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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 no other like empowered.

SIGNATURE: *Helen F. Dahlhauser* **HELEN F. DAHLHAUSER** Resident 2-8-05 727 5356350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #