


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 035 ***150.00

DOCUMENT # K51293	
1. Entity Name COUNSELING AND PSYCHOLOGICAL ASSOCIATES, P.A.	

Principal Place of Business 6160 N. DAVIS HIGHWAY SUITE #9 PENSACOLA, FL 32504 US	Mailing Address 6160 N. DAVIS HIGHWAY SUITE #9 PENSACOLA, FL 32504 US
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60012094

2. Principal Place of Business - No P.O. Box # 1149 Creighton Road Suite, Apt. #, etc. 0 Suite 1 City & State Pensacola, FL Zip 32504 Country USA	3. Mailing Address 1149 Creighton Road Suite, Apt. #, etc. 0 Suite 1 City & State Pensacola, FL Zip 32504 Country USA
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01292007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2918628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEE, WILLIAM M. 6160 N. DAVIS HIGHWAY 1149 Creighton Road, Ste. 1 PENSACOLA, FL 32504	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEE, WILLIAM M. 2415 HALLMARK DR PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William M. Dee **1/29/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #