


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

|  |  |                                 |  |   |  |
|--|--|---------------------------------|--|---|--|
| <b>DOCUMENT # K92437</b><br>1. Entity Name<br>WALTON-BRUESKE COUNSELING GROUP, P.A.  |  |                                 |  |  |  |
| Principal Place of Business<br>WALTON-BRUESKE COUNSELING GROUP<br>3810-1 WILLIAMSBURG PARK BLVD.<br>JACKSONVILLE FL 32257-9217<br>US   |  |                                 | Mailing Address<br>WALTON-BRUESKE COUNSELING GROUP<br>3810-1 WILLIAMSBURG PARK BLVD.<br>JACKSONVILLE FL 32257-9217<br>US             |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |   |  |
| 4. FEI Number <b>59-2954464</b>  |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KESSLER, MARK S.</b><br><b>211 W LIBERTY ST, STE 2A</b><br><b>JACKSONVILLE FL 32202</b>  |  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____   |  |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |                                 | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>WALTON, ROBERT SCOTT<br>3810-1 WILLIAMSBURG PARK BLVD.<br>JACKSONVILLE FL 32257-9217    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | Change      Addition<br><b>000000647694</b><br><b>03/06/07-80083-008 150.00</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>BRUESKE-WALTON, LYNN E.<br>3810-1 WILLIAMSBURG PARK BLVD.<br>JACKSONVILLE FL 32257-9217 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |                                 |  |   |  |
| <b>SIGNATURE:</b> <i>[Signature]</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                                 | 2/26/07      904-733-9669<br>Date      Daytime Phone #   |   |  |