

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90007 031 \*\*\*150.00

**DOCUMENT #K92437**

1. Entity Name

WALTON-BRUESKE COUNSELING GROUP, P.A.



Principal Place of Business

WALTON-BRUESKE COUNSELING GROUP  
3810-1 WILLIAMSBURG PARK BLVD.  
JACKSONVILLE FL 32257-9217  
US

Mailing Address

WALTON-BRUESKE COUNSELING GROUP  
3810-1 WILLIAMSBURG PARK BLVD.  
JACKSONVILLE FL 32257-9217  
US



2. Principal Place of Business - No P.O. Box #

3840-1 WILLIAMSBURG PARK BLVD. 3840-1 WILLIAMSBURG

3. Mailing Address

Suite, Apt. #, etc. PARK BLVD.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-2954464

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

-KESSLER, MARK S.  
211 W LIBERTY ST, STE 2A  
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WALTON, ROBERT SCOTT  
STREET ADDRESS 3810-1 WILLIAMSBURG PARK BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32257-9217

TITLE D ☐ Delete  
NAME BRUESKE-WALTON, LYNN E.  
STREET ADDRESS 3810-1 WILLIAMSBURG PARK BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32257-9217

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3840-1 WILLIAMSBURG PARK BLVD.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3840-1 WILLIAMSBURG PARK BLVD.  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

*Robert Scott Walton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08 (904) 733-5669  
Date Daytime Phone #