

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96621

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** CORE COUNSELING SERVICE, INC.

**Current Principal Place of Business:**

4319 SO RIDGEWOOD AVE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

4319 SO RIDGEWOOD AVE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 59-3028402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YONTA, EMILIO A.  
4319 SO RIDGEWOOD AVE  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: YONTA, EMILIO A.  
Address: 3430 ORIOLE AVE  
City-St-Zip: WILBUR-BY-THE-SEA, FL 32127

Title: S  
Name: YONTA, DONNA  
Address: 3930 ORIOLE AVE  
City-St-Zip: WILBUR-BY-THE-SEA, FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA YONTA

SEC

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date