


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001188**

1. Entity Name  
**JULIAN CONSUMER COUNSELING SERVICES, INC.**



Principal Place of Business  
**18820 US HWY 19 N., BLDG 2, #200  
 CLEARWATER, FL 33764-3166**

Mailing Address  
**18820 US HWY 19 N., BLDG 2, #200  
 CLEARWATER, FL 33764-3166**

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3616543**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WELLER, JAY M  
 3390 DEERFIELD LANE  
 CLEARWATER, FL 33761**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000050202  
 02/13/04-80058-024 61.25

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>WELLER, JAY M<br>3390 DEERFIELD LANE<br>CLEARWATER, FL 33761  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>COHEN, RANDY<br>2021 GREENWICH COURT<br>LANSING, MI 489104903 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>WYNN, LINDA LEE<br>1505 ATTLEBORO LANE<br>BRANDON, FL 33511   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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 617, 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-04 <sup>164</sup> 539 7701  
 Date Daytime Phone #