

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001188

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: JULIAN CONSUMER COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

18820 US HWY 19 N., BLDG 2, #200  
CLEARWATER, FL 337643166

**New Principal Place of Business:**

**Current Mailing Address:**

18820 US HWY 19 N., BLDG 2, #200  
CLEARWATER, FL 337643166

**New Mailing Address:**

FEI Number: 59-3616543      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WELLER, JAY M  
18820 US 19 NORTH  
SUITE 200  
CLEARWATER, FL 33764 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: PD ( ) Delete  
Name: WELLER, JAY M  
Address: 3021 STATE ROAD 590 #230  
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete  
Name: COHEN, RANDY  
Address: 16 OLEAN STREET  
City-St-Zip: EAST AURORA, NY 14052

Title: VP ( ) Delete  
Name: GHAZAMAN, LINDA  
Address: 4828 MUSSELL SHELL DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY M WELLER

P

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date