

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001188

**FILED**  
**Apr 02, 2012**  
**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:**

25400 US HIGHWAY 19TH NORTH  
SUITE 245  
CLEARWATER, FL 33763

**Current Mailing Address:**

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

**New Mailing Address:**

25400 US HIGHWAY 19TH NORTH  
SUITE 245  
CLEARWATER, FL 33763

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  
Name: WELLER, JAY M  
Address: 500 BELCHER ROAD, #244  
City-St-Zip: CLEARWATER, FL 33771

Title: SD  
Name: BORDEN, ALAN D  
Address: 607 S WESTLAND AVE #18  
City-St-Zip: TAMPA, FL 33606

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAY M WELLER

PRES

04/02/2012

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

\_\_\_\_\_ Date