


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004387	
1. Entity Name EDWARD JAMES REID COUNSELING SERVICES, INC.	

Principal Place of Business 2730 CENTRAL AVE ST. PETERSBURG, FL 33712	Mailing Address 2730 CENTRAL AVE ST. PETERSBURG, FL 33712
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01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3733037	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REID, JEANETTE B 3025 50TH ST. SOUTH GULFPORT, FL 33707
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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 reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REID, MARGARET 4748 AZALEA DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HODGES, MELINDA 6219-13TH AVE., SOUTH GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED REID, JEANETTE B 3025-50TH ST., SOUTH GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERARD, PATRICIA S 2308 SETON LANE LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JULIE A 3006 14TH AVE SE RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOHN 5036 CENTRAL AVE ST PETERSBURG, FL 33707

<p>000000010108 01/22/04-80018-008 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <i>Jeanette B. Reid</i>	1-20-04	727-327-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEANETTE B. REID	Date	Daytime Phone #