

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000305

FILED
Feb 16, 2005
Secretary of State

Entity Name: ARCHER PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

12651 S DIXIE HWY #201
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

12651 S DIXIE HWY #201
PINECREST, FL 33156

New Mailing Address:

FEI Number: 90-0133403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHER, VANESSA
12651 S DIXIE HWY #201
PINECREST, FL 33156 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: D () Delete
Name: ARCHER, VERA JUNE
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: ARCHER, KEVIN
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

Title: D () Delete
Name: ARCHER, STUART
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEVENS, WALTER
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

Title: D (X) Change () Addition
Name: BAXTER, SCOTT
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

Title: D (X) Change () Addition
Name: GIBBS, TUCKER
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

Title: D () Change (X) Addition
Name: LEVY, LYNETTE
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

Title: D () Change (X) Addition
Name: JULIEN, MARGARET
Address: 12651 S DIXIE HWY #201
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VANESSA ARCHER

RA

02/16/2005

Electronic Signature of Signing Officer or Director

Date