

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90002 033 ****61.25

DOCUMENT # N93000001790

1. Entity Name

CREDIT COUNSELING SERVICES INC.



Principal Place of Business

5675 18TH AVE NW
NAPLES FL 34119
US

Mailing Address

5675 18TH AVE NW
NAPLES FL 34119
US

2. Principal Place of Business

5675 GOLDEN OAKS LANE
Suite, Apt. #, etc.

3. Mailing Address

5675 GOLDEN OAKS LANE
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34119

Country

USA

Zip

34119

Country

USA

4. FEI Number

65-0286749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOECKEL
JOECKEL, RONALD
5675 18TH AVE NW
NAPLES FL 34119
GOLDEN OAKS LANE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOECKEL, RON
STREET ADDRESS 5675 18TH AVE NW
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE D
NAME ALVAREZ, JUAN
STREET ADDRESS 210 MADISON DR
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE D
NAME GILBERT, CHARLES
STREET ADDRESS 232 NE 23RD STREET, UNIT 2
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

2/10/04 239-594-2963