


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000003315 1. Entity Name CONSUMER BUDGET COUNSELING INC.					
Principal Place of Business 1225 TAMIAMI TRAIL UNIT B15 PORT CHARLOTTE FL 33953			Mailing Address 1225 TAMIAMI TRAIL UNIT B15 PORT CHARLOTTE FL 33953		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0597209	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRICIPATO, PAUL 125 SE COLONIAL STREET PORT CHARLOTTE FL 33952			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	000000208561 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/01/05-80091-014 61.25	
NAME	PRICIPATO, MARIANNE		NAME		
STREET ADDRESS	125 S.E. COLONIAL ST		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952		CITY - ST - ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICIPATO, PAUL R		NAME		
STREET ADDRESS	125 S.E. COLONIAL ST		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIMARIA, PAUL		NAME		
STREET ADDRESS	105 SE COLONIAL ST		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952		CITY - ST - ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICIPATO, PETER		NAME		
STREET ADDRESS	3609 NIMROD STREET		STREET ADDRESS		
CITY - ST - ZIP	SEAFORD NY 11783		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACINTOSH, WINSTON		NAME		
STREET ADDRESS	106 SE COLONIAL ST		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKETTA, EDMUND		NAME		
STREET ADDRESS	101 SE PECKHAM STREET		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL 33952		CITY - ST - ZIP		

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: *Paul Pricipato* *Paul Pricipato* 1/25/05 (94) 255-3286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #