


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 025 ***150.00

DOCUMENT # P00000003810	
1. Entity Name WANNER'S COUNSELING SERVICES, INC.	

Principal Place of Business 2801 SW COLLEGE ROAD #3 OCALA, FL 34474	Mailing Address 2801 SW COLLEGE ROAD #3 OCALA, FL 34474
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50040826



2. Principal Place of Business 108 N. Magnolia Avenue Suite 500-B Ocala, FL 34475-6682 USA	3. Mailing Address 108 N. Magnolia Avenue Suite 500-B Ocala, FL 34475-6682 USA
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01212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3617663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMSON-WANNER, DON 2801 SW COLLEGE ROAD #3 OCALA, FL 34474	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 108 N. Magnolia Avenue Suite 500-B Ocala, FL 34475-6682
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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 \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMSON-WANNER, DON 2801 SW COLLEGE ROAD #3 OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	108 N. Magnolia Avenue Suite 500-B Ocala, FL 34475-6682 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: **Don Adamson-Wanner, President** 4/23/05 (352) 873-4447

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