

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT# P00000033995	
1. Entity Name COUNSELING&REHABILITATIONASSOCIATES,INC.	

Principal Place of Business 5024 NW 27TH CT. GAINESVILLE, FL 32606	Mailing Address P.O. BOX 90308 GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE

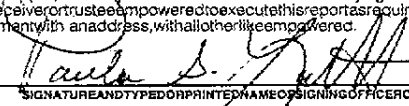
6. Name and Address of Current Registered Agent HOSFORD, ROBERT P 5024 NW 27TH CT. GAINESVILLE, FL 32606	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.	

SIGNATURE _____ Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agents signature required when re-instating)		DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOSFORD, ROBERT P PO BOX 90308 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOVETT, PAULAS PO BOX 90308 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 information.	
SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/18/04	(352) 378-2696
Date	Daytime Phone