

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90232 017 ***150.00

DOCUMENT # P00000048486

1. Entity Name
**JOURNEY'S END COUNSELING, CONSULTING AND
TRAINING, INC.**



Principal Place of Business
**409 FIELDSTREAM BLVD
ORLANDO, FL 32825**

Mailing Address
**409 FIELDSTREAM BLVD
ORLANDO, FL 32825**

94074580



2. Principal Place of Business

1025 S. SEMORAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03222004

Chg-P

CR2E034 (10/03)

City & State

WINTER PARK, FL

City & State

Suite, Apt. #, etc.

4. FEI Number

59-3662876

Applied For

Not Applicable

Zip

Country

Zip

Country

32792

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, VERONICA
1350 ORANGE AVENUE
SUITE 230
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

AUSTIN, TAMMY

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

409 FIELDSTREAM BLVD.

City

ORLANDO

FL

Zip Code

32825

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

Tammy Austin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
AUSTIN, TAMMY
409 FIELDSTREAM BLVD.
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AUSTIN, M. ANDRE
409 FIELDSTREAM BLVD.
ORLANDO, FL 32817** ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
AUSTIN, TAMMY
409 FIELDSTREAM BLVD.
ORLANDO, FL 32825** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AUSTIN, M. ANDRE
409 FIELDSTREAM BLVD.
ORLANDO, FL 32825** ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 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:

Tammy Austin, President

Date

Daytime Phone #

4/26/04

407-678-9800