

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000110651

1. Entity Name
JCR COUNSELING SERVICES, INC.



Principal Place of Business

6307 SW 32 STREET
MIRAMAR, FL 33023

Mailing Address

P O BOX 246464
PEMBROKE PINES, FL 33024

FILED
Apr 30, 2005 08:00 AM
Secretary of State



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1064048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

WOODEN, JACQUELYN L ESQ
99 NW 183 STREET STE 234
MIAMI, FL 33169

**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 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 \$150.00
After May 1, 2005 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
PTSD
CONNER-RAINES, JUANITA
6307 SW 32 STREET
MIRAMAR, FL 33023

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U60000350065
05/02/05-80089-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Juanita Conner-Raines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 305-332-3493
Date Daytime Phone #