2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# P01000007430

Entity Name: PERCY RICKETTS, M.S., LMHC, P.A.

Current Principal Place of Business:

10031 PINES BOULEVARD, SUITE 217
PEMBROKE PINES, FL 33024

New Principal Place of Business:

10031 PINES BOULEVARD, SUITE 242
242
PEMBROKE PINES, FL 33024

Current Mailing Address:

10031 PINES BOULEVARD, SUITE 217
PEMBROKE PINES, FL 33024

New Mailing Address:

10031 PINES BOULEVARD,
242
PEMBROKE PINES, FL 33024

FEI Number: 65-1071784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RICKETTS, PERCIVAL
10031 PINES BLVD. #217
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

RICKETTS, PERCIVAL
10031 PINES BLVD. #242
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: PERCIVAL RICKETTS 04/23/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: RICKETTS, PERCIVAL G
Address: 10031 PINES BLVD. 217
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ST ( ) Delete
Name: RICKETTS, ERICA
Address: 1501 SW 97TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: RICKETTS, PERCIVAL G
Address: 10031 PINES BLVD. 242
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERCIVAL RICKETTS PC 04/23/2005
Electronic Signature of Signing Officer or Director Date