2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 27, 2004 08:00 AM Secretary of State

1/23/04

Daytime Phone #

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PHYLLIS STEVENS COUNSELING SERVICES, PA.

DOCUMENT # P01000033287

1. Entity Name



				A SECURIT					
Principal Place of Business		Mailing Address			(
19305 WATER OAK DR., #106 PORT CHARLOTTE FL 33948		19305 WATER OAK DR., #106 PORT CHARLOTTE FL 33948			ļ				
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2. Principal Place of Business		3. Mailing Address			ł				INT I INT
Suite, Apt #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
		City & State					· · · · · · · · · · · · · · · · · · · ·	i	plied For
City & State		Uity & State			4-	. FEI Number 65-1099536			t Applica
Zip Country		Zip Coun		ntry	5. Certificate of Status Desired		□ \$	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7.	Name and Address of New Reg	istered Ag	ent	
STEVENS, PHYLLIS				Name					
19305 WAT PORT CHA				Street Address (P.O. Box Number is Not Acceptable)					
									<u> </u>
			City			FL	Zip Code	;	
8. The above named er	tily submits this statement fo	or the purpose of changing i	ts register	ed office or r	egistered a	agent, or both, in the State of Florid	a. I am far	niliar with,	and accer
the obligations of reg	listered agent.				•				
SIGNATURE	oed or printed name of registered agont	t and bite if applicable. (NC	DTE Rogistere	ed Agent signature	s required when	n reiostating)	DATE	<u></u>	<u> </u>
FILE NOV	V!!! FEE IS \$150.00		·····					¢E 0	<u> </u>
After May 1, 2004 Fee will be \$550.00						 Election Campaign Finan Trust Fund Contribution. 			0 May Be to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					<u></u>	ADDITIONS/CHANGES TO OFFICE		BECTORS	
10. TILE PSTD			TITL	······································				1 Change	
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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 or director or 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 tike empowered.

Willis Dura SIGNATURE: SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR