


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90162 005 ***150.00

DOCUMENT # P01000062158 1. Entity Name CHILDRENFIRST THERAPY SERVICES, INC.						
Principal Place of Business 4448 EDGEWATER DR ORLANDO, FL 32804			Mailing Address 4448 EDGEWATER DR ORLANDO, FL 32804			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
LOGGIE, DONNA M 4448 EDGEWATER DRIVE ORLANDO, FL 32803				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOGGIE, DONNA 4448 EDGEWATER DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHIAVI, MARIA 4448 EDGEWATER DR ORLANDO, FL 32804	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-29-5 Daytime Phone # 407-513-3102		