

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90255 024 ***150.00

DOCUMENT # P01000066006

1. Entity Name
ABOUT SOLUTIONS COUNSELING, INC.



Principal Place of Business

**1308 WEST SLIGH AVENUE
TAMPA, FL 33604**

Mailing Address

**1308 WEST SLIGH AVENUE
TAMPA, FL 33604**

2. Principal Place of Business

5027 Barrowe Drive

3. Mailing Address

5027 Barrowe Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3729253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

Tampa FL

City & State

Tampa FL

Zip
33624

Country
U.S.

Zip
33624

Country
U.S.

6. Name and Address of Current Registered Agent

MCCULLOUGH, CONSTANCE

1002 SOUTH HARBOUR ISLAND BLVD.

SUITE #1307

TAMPA, FL 33602

**5027 Barrowe
Drive
Tampa, FL 33624**

7. Name and Address of New Registered Agent

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

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, 2006 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
**D
MCCULLOUGH, CONSTANCE
1002 SOUTH HARBOUR ISLAND BLVD. #1307
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5027 Barrowe Drive
Tampa, FL 33624**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Connie McCullough

Connie McCullough

3-19-06 President 813-833-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #