


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90045 002 \*\*\*550.00

<b>DOCUMENT # P01000068111</b> 1. Entity Name <b>FLORIDA READING SKILLS &amp; COUNSELING CENTER, INC.</b>			
Principal Place of Business <b>830 SOUTH STATE ROAD 7 PLANTATION FL 33317</b>		Mailing Address <b>830 SOUTH STATE ROAD 7 PLANTATION FL 33317</b>	
2. Principal Place of Business <b>2030 37TH AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2030 37TH AVE</b> Suite, Apt. #, etc.	
City & State <b>VERO BEACH, FL</b> Zip <b>32960</b>		City & State <b>VERO BEACH, FL</b> Zip <b>32960</b>	
Country <b>INDIAN RIVER</b>		Country <b>INDIAN RIVER</b>	
4. FEI Number <b>65-1141172</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAMUEL, CAROLYN 2030 37TH AVENUE VERO BEACH FL 32960</b>		7. Name and Address of New Registered Agent Name <b>CAROLYN ALLISON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2030 37TH AVE</b> City <b>VERO BEACH FL</b> Zip Code <b>32960</b>	
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 <u>Carolyn A. Samuel - Allison, V.P.</u> DATE <u>MAY 15, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PTD	<input type="checkbox"/> Delete	
NAME	ALLISON, RICHARD D		
STREET ADDRESS	830 SOUTH STATE ROAD 7		
CITY-ST-ZIP	PLANTATION FL 33317		
TITLE	VPSD	<input type="checkbox"/> Delete	
NAME	SAMUEL, CAROLYN A		
STREET ADDRESS	919 JACKSON WAY		
CITY-ST-ZIP	FORT PIERCE FL 34949		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
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TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> <u>Carolyn A. Allison V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/15/05</u> <u>772-545-0947</u> <small>Date Daytime Phone #</small>	