

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000091628

1. Entity Name
COUNSELING AND BEHAVIORAL SERVICES, INC.



FILED

2007 MAY 14 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
619 MARTIN LUTHER KING JR BLVD
SUITE A
PANAMA CITY, FL 32401

Mailing Address
4909 N. LAKEWOOD DR.
PANAMA CITY, FL 32404

2. Principal Place of Business - No P.O. Box #
619 N. Cove Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

Panama City, FL

Zip

Country

32401

USA

Zip

Country

05122007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3745560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGAR, DAVID J
4909 N. LAKEWOOD DR.
PANAMA CITY, FL 32404

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
PSTD
DUGGAR, DAVID J
4909 N. LAKEWOOD DR.
PANAMA CITY, FL 32404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Director
Brenda K. Duggar
4909 N. Lakewood Dr
Panama City, FL 32404 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000103611110
05/31/07--01033--009 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

David J. Duggar

5-11-07

SWJ
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