

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 007 ***150.00

DOCUMENT # P01000103533					
1. Entity Name SOUTHWEST PSYCHOTHERAPY AND COUNSELING CENTER, INC.					
Principal Place of Business 3440 CONWAY BLVD BLDG 2 STE 3 PORT CHARLOTTE, FL 33952			Mailing Address 3440 CONWAY BLVD BLDG 2 STE 3 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business 3195 HARBOR BLVD. Suite, Apt. #, etc.		3. Mailing Address 3195 HARBOR BLVD. Suite, Apt. #, etc.			
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL		4. FEI Number 03-0413575	
Country 33952		Country 33952		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURTY, VIJAYA 3440 CONWAY BLVD BLDG 2 STE 3 PORT CHARLOTTE, FL 33952			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	DP MURTY, VIJAYA 3440 CONWAY BLVD BLDG 2 STE 3 PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3195 HARBOR BLVD PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VELAMAKANNI, KRISHNAMURTY S 3440 CONWAY BLVD BLDG 2 STE 3 PORT CHARLOTTE, FL 33952		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3195 HARBOR BLVD. PORT CHARLOTTE, FL 33952	
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 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	
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 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: <u>V. Velamkannan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/28/05 Date		9417668835 Daytime Phone #