

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 22 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000008242



1. Entity Name
NATIONAL INSTITUTE FOR FINANCIAL COUNSELING
EDUCATION INC.

Principal Place of Business
322 3RD AVENUE
INDIALANTIC, FL 32903

Mailing Address
322 3RD AVENUE
INDIALANTIC, FL 32903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

75-3049367

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARELLO, HEATHER C
322 3RD AVENUE
INDIALANTIC, FL 32903

Name Heather C Aiello

Street Address (P.O. Box Number is Not Acceptable)

322 3RD Avenue

City Indialantic FL Zip Code 32903

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME AIELLO, JOHN
STREET ADDRESS 322 3RD AVENUE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE PD ☐ Delete
NAME AIELLO, HEATHER C
STREET ADDRESS 322 3RD AVENUE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 300030949573 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
03/23/04--01108--007 **150.00

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #