

2004 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90031 016 ***150.00

DOCUMENT # P02000025376

1. Entity Name

DECIRME SPEECH-LANGUAGE THERAPY, INC.



Principal Place of Business

7807 N. WHITTIER STREET
TAMPA FL 33617

Mailing Address

PO BOX 291991
TAMPA FL 33687

34013835



MOORE CR2E034 (11/03)

2. Principal Place of Business

3110 EAST POWHATAN AVE

3. Mailing Address

P.O. BOX 310647

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FL 33610-0647

4. FEI Number

04-3605307

Applied For

Not Applicable

Zip

33610

Country

USA

Zip

33610-0647

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUTCHERSON, DESIREE
7807 N. WHITTIER STREET
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

DESIREE D. MUTCHERSON

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

3110 EAST POWHATAN AVE.

City TAMPA

FL

Zip Code

33610

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

Desiree D. Mutcherson

DESIREE D. MUTCHERSON MS, CCC/SLP - PRESIDENT/CEO 01/31/04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete
NAME MUTCHERSON, DESIREE
STREET ADDRESS 7807 N. WHITTIER STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ Delete
NAME MUTCHERSON, DESIREE
STREET ADDRESS 7807 N. WHITTIER STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE VD ☐ Delete
NAME MUTCHERSON, WILLIEMAE
STREET ADDRESS 7807 N. WHITTIER STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE STD ☐ Delete
NAME JOHNSON, MONICA M
STREET ADDRESS 7807 N. WHITTIER STREET
CITY-ST-ZIP TAMPA FL 33617

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Desiree D. Mutcherson DESIREE D. MUTCHERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/04

Date

(813) 234-5814

Daytime Phone #