

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

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DOCUMENT # P02000027108 1. Entity Name RATIONAL AND BEHAVIORAL ASSOCIATES, INC.					
Principal Place of Business 261 E. HARTFORD STREET UNIT 2B HERNANDO, FL 34442			Mailing Address 261 E. HARTFORD STREET UNIT 2B HERNANDO, FL 34442		
2. Principal Place of Business 140 A N. SPORTSMAN'S PT		3. Mailing Address 140 A N. SPORTSMAN'S PT.		04282006 Chg-P CR2E034 (11/05) 4. FEI Number 02-0577115 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. A		Suite, Apt. #, etc. A			
City & State INVERNESS, FL		City & State INVERNESS, FL			
Zip 34453 Country USA		Zip 34453 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAUTLER-ELLIS, DAWN 2428 NORTH ESSEX AVENUE HERNANDO, FL 34442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>Richard J. Tull</u> DATE: <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete ARCHBOLD, STEPHEN J 261 E. HARTFORD STREET, UNIT 2B HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Archbold, Stephen J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 140 A N. SPORTSMAN'S PT P INVERNESS, FL 34453	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRANK, RICHARD L 9555 N. SINGAPORE AVENUE DUNELLON, FL 34422		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK, RICHARD L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 140 A N SPORTSMAN'S PT S, INVERNESS, FL 34452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Richard J. Tull</u> SECRETARY Date: <u>4/28/06</u> Daytime Phone #: <u>352 746 7861</u>			<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		