

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90002 006 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000035060			
1. Entity Name CORRECTIVE THERAPY, INC.			
Principal Place of Business 500 NEW YORK AVE UNIT 11 DUNEDIN, FL 34698		Mailing Address 500 NEW YORK AVE UNIT 11 DUNEDIN, FL 34698	
2. Principal Place of Business 3135 STATE Rd 580		3. Mailing Address 500 NEW YORK AVE UNIT 11	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc.	
City & State SAFETY HARBOR, FL		City & State DUNEDIN, FL	
Zip 34695	Country	Zip 34698	Country
5. Name and Address of Current Registered Agent PUGNI, FRANK W 500 NEW YORK AVE UNIT 11 DUNEDIN, FL 34698		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P PUGNI, FRANK 500 NEW YORK AVE # 11 DUNEDIN, FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGNI, FRANK 500 NEW YORK AVE # 11 DUNEDIN, FL 34698 ☒ 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
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: <i>Frank Pugni</i> President		Date: 1-3-05	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR FRANK PUGNI, PRES		Daytime Phone #	

50000241



01032005 Chg-P CR2E034 (10/03)

4. FEI Number
75-3045247 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**