

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUL 14 3111:23

RECEIVED
FLORIDA SECRETARY OF STATE



07062005 Chg-P CR2E034 (10/03)

4. FEI Number **54-2064615** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P02000082696

1. Entity Name
BEHAVIORS PLUS, INC.



Principal Place of Business
**40438 EMERALDA ISLAND RD
LEESBURG, FL 34788**

Mailing Address
**40438 EMERALDA ISLAND RD
LEESBURG, FL 34788**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**LONG, VIRGINIA D
40043 WEST 8TH AVE.
UMATILLA, FL 32784**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees



10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **LONG, VIRGINIA D**
STREET ADDRESS **40043 WEST 8TH AVE.**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **PD** ☐ Delete
NAME **SULLIVAN, JODI L**
STREET ADDRESS **40438 EMERALDA ISLAND RD.**
CITY-ST-ZIP **LEESBURG, FL 34788**

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 **Director/Officer** ☐ Change ☒ Addition
NAME **Taylor, Reginald**
STREET ADDRESS **40438 Emeraldal Island Road**
CITY-ST-ZIP **Leesburg FL 34788**

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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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)(f), 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 #

7-6-05 352-669-8477