## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093383

Entity Name: LYNDA WAGNER, LMHC, CAP, INC.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9209 SEMINOLE BLVD UNIT 170 14246 93RD AVE. NO. SEMINOLE, FL 33772 SEMINOLE, FL 33776

Current Mailing Address: New Mailing Address:

9209 SEMINOLE BLVD UNIT 170 14246 93RD AVE NO SEMINOLE, FL 33772 SEMINOLE, FL 33776

FEI Number: 55-0797047 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WAGNER, LYNDA
9209 SEMINOLE BLVD
UNIT 170
SEMINOLE, FL 33772 US

WAGNER, LYNDA
14246 93RD AVE NO
SEMINOLE, FL 33776 US

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.

SIGNATURE: 04/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete Title: DPST (X) Change ( ) Addition

 Name:
 WAGNER, LYNDA
 Name:
 WAGNER, LYNDA

 Address:
 9209 SEMINOLE BLVD UNIT 170
 Address:
 14246 93RD AVE NO

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:
 SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA WAGNER DPST 04/12/2005