


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000099805 1. Entity Name STEPHEN GODFREY, LMHC, INC.	
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Principal Place of Business
**1313 S. WASHINGTON HWY
SUITE E
TITUSVILLE, FL 32780**

Mailing Address
**1313 S. WASHINGTON HWY
SUITE E
TITUSVILLE, FL 32780**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1237216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATION STATION, LLC
420 PARK AVE 19
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 filing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000804971
02/05/08-80090-011 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODFREY, STEPHEN 1313 S. WASHINGTON HWY, SUITE E TITUSVILLE, FL 32780 OK
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bob Eckert 321 652 5634