

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133829

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: WILKERSON COUNSELING SERVICES PA

## Current Principal Place of Business:

1337 CHINOCK TRAIL COURT  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

1337 CHINOCK TRAIL COURT  
JACKSONVILLE, FL 32225

## Current Mailing Address:

1337 CHINOCK TRAIL COURT  
JACKSONVILLE, FL 32223

## New Mailing Address:

1337 CHINOCK TRAIL COURT  
JACKSONVILLE, FL 32225

FEI Number: 65-1167437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILKERSON, CAROLYN  
1337 CHINOCK TRAIL COURT  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

WILKERSON, CAROLYN  
1337 CHINOCK TRAIL COURT  
JACKSONVILLE, FL 32225 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:

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILKERSON, CAROLYN C  
Address: 1337 CHINOCK TRAIL COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: WILKERSON, JAMES K  
Address: 1337 CHINOCK TRAIL COURT  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CAROLYN C. WILKERSON

D

04/19/2006

Electronic Signature of Signing Officer or Director

Date