


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000134346 1. Entity Name DAVID MACPHAIL, LMHC, PA	
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Principal Place of Business 205 JOEL BLVD 214 LEHIGH ACRES, FL 33972	Mailing Address P O BOX 760 GENEVA, AL 36340
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1574861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELLENBURG, LISA
1136 ENGLISH LN
WESTVILLE, FL 32464

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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 Lisa Ellenburg (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACPHAIL, DAVID 345 JOEL BLVD., #109, FAIRWAYS I LEHIGH ACRES, FL 33972
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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: David MacPhail, Resident 4/10/05 239-681-9645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #