

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032315

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: MENSCHNER & ASSOCIATES COUNSELING SERVICES, INC.

## Current Principal Place of Business:

1151 JUNIPER CREEK COURT  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

375 DOUGLAS AVE  
SUITE 2007  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

1151 JUNIPER CREEK COURT  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

375 DOUGLAS AVE  
SUITE 2007  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3772644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENSCHNER, PHILLIS  
455 DOUGLAS AVE., ST 2155-22  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

MENSCHNER, PHILLIS  
375 DOUGLAS AVE  
SUITE 2007  
ALTAMONTE SPRINGS, FL 32714 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: PHILLIS MENSCHNER

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: MENSCHNER, PHILLIS  
Address: 455 DOUGLAS AVE., ST 2155-22  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: MENSCHNER, PHILLIS  
Address: 455 DOUGLAS AVE., ST 2155-22  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: MENSCHNER, PHILLIS  
Address: 375 DOUGLAS AVE STE 2007  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change ( ) Addition  
Name: MENSCHNER, PHILLIS  
Address: 375 DOUGLAS AVE STE 2007  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PHILLIS MENSCHNER

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04/19/2005

Electronic Signature of Signing Officer or Director

Date