

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032315

FILED  
Aug 10, 2008  
Secretary of State

Entity Name: MENSCHNER & ASSOCIATES COUNSELING SERVICES, INC.

## Current Principal Place of Business:

375 DOUGLAS AVE  
SUITE 2005  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

375 DOUGLAS AVE  
SUITE 2005  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

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  
375 DOUGLAS AVE  
SUITE 2005  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MENSCHNER, PHILLIS  
Address: 375 DOUGLAS AVE STE 2005  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete  
Name: MENSCHNER, PHILLIS  
Address: 375 DOUGLAS AVE STE 2005  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete  
Name: MESSINEO, DOUG  
Address: 375 DOUGLAS AVE STE 2005  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete  
Name: MYERS, DENISE  
Address: 375 DOUGLAS AVE STE 2005  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Delete  
Name: MESSINEO, DOUG  
Address: 375 DOUGLAS AVE STE 2005  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: STOKES, OWEN  
Address: 375 DOUGLAS AVE, STE 2005  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: PHILLIS MENSCHNER

P

08/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date