

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036606

**FILED**  
**Feb 20, 2004**  
**Secretary of State**

**Entity Name:** GRELLING PSYCHOLOGY ASSOCIATES, PA

**Current Principal Place of Business:**

965 NORTH NOB HILL ROAD  
#138  
PLANTATION, FL 33324

**New Principal Place of Business:**

1860 N PINE ISLAND RD  
#101  
PLANTATION, FL 33322

**Current Mailing Address:**

965 NORTH NOB HILL ROAD  
#138  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 05-0562026      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRELLING, BARBARA  
965 NORTH NOB HILL ROAD  
#138  
PLANTATION, FL 33324

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: GRELLING, BARBARA  
Address: 965 NORTH NOB HILL ROAD  
City-St-Zip: PLANTATION, FL 33324

Title: VTD ( ) Delete  
Name: GRELLING, KENT  
Address: 965 NORTH NOB HILL ROAD  
City-St-Zip: PLANTATION, FL 33324

**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 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: BARBARA GRELLING

PSD

02/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date