2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000058617

1. Entity Name
COUNSELING & DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
101 EAST MAUD ST. TAVARES, FL 32778	101 EAST MAUD ST. TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

02032005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
83-0359476		Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, PATRICK J
101 EAST MAUD ST.
TAVARES, FL 32778

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOT 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 ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WARD, PATRICK J
STREET ADDRESS	101 EAST MAUD ST.
CITY-ST-ZIP	TAVARES, FL 32778

TITLE	D
NAME	WARD, BETTE L
STREET ADDRESS	101 EAST MAUD ST.
CITY-ST-ZIP	TAVARES, FL 32778

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/17/05-80020-015 158.75

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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: _Bette Sharp Ward_   3/11/05   352 253 9348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #