

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000075064

1. Entity Name
AGENCY FOR BEHAVIORAL SERVICES, INC.



Principal Place of Business
3801 GRIFFIN VIEW DRIVE
LADY LAKE, FL 32159 US

Mailing Address
3801 GRIFFIN VIEW DRIVE
LADY LAKE, FL 32159 US



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0604241

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GIBSON, BOBBI S
3801 GRIFFIN VIEW DRIVE
LADY LAKE, FL 32159

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when terminating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
GIBSON, BOBBI S
3801 GRIFFIN VIEW DRIVE
LADY LAKE, FL 32159

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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05/22/07-80035-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, which is or other like empowered

SIGNATURE: Bobbi Gibson Bobbi Gibson *04-03-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #