


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90087 043 ***150.00

DOCUMENT # P03000122547 1. Entity Name STEP OF FAITH COUNSELING SERVICES, INC.					
Principal Place of Business 223 EAST OAK STREET, SE 2 ARCADIA, FL 34266			Mailing Address 850 SPRINGWOOD CIR. BRADENTON, FL 34266		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 223 E Oak St Suite 2 Arcadia Florida 34266 City & State Zip		4. FEI Number 55-0852263 Applied For <input type="checkbox"/> Not Applicable	
Country US A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CONARIO, GAIL A 850 SPRINGWOOD CIR. BRADENTON, FL 34212			7. Name and Address of New Registered Agent Name Gail Canario Street Address (P.O. Box Number is Not Acceptable) 3806 Chinaberry Rd 348 River Isles Bradenton FL 34208		
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 <u><i>Gail Canario</i></u> DATE <u>4-11-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CANARIO, GAIL A 850 SPRINGWOOD CIRCLE 3806 Chinaberry Rd BRADENTON, FL 34212 34208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CANARIO, NELSON M 850 SPRINGWOOD CIRCLE 3806 Chinaberry Rd BRADENTON, FL 34212 34208		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Gail Canario</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-11-05</u> Daytime Phone # <u>863 990 3259</u>		