


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90087 047 ***158.75

DOCUMENT # P03000131177		
1. Entity Name MAURO, REYNOLDS & ASSOCIATES IN COUNSILING, INC.		

Principal Place of Business 100 EAST LINTON BLVD. 145-A DELRAY BEACH, FL 33483	Mailing Address 100 EAST LINTON BLVD. 145-A DELRAY BEACH, FL 33483
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2. Principal Place of Business 5341 WEST ATLANTIC AVE SUITE 304 DELRAY BEACH FL 33484 PALM BEACH	3. Mailing Address 5341 WEST ATLANTIC AVE. SUITE 304 DELRAY BEACH FL 33484 PALM BEACH
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1st MOORE CR2E034 (10/04)

4. FEI Number 20-0382714		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAURO, LANCE K 9565 VERONA LAKES BLVD BOYNTON BEACH FL 33437		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 *Lance K. Mauro* (Lance K. Mauro) 02/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 MAURO, LANCE K 9565 VERONA LAKES BLVD. BOYNTON BEACH FL 33437 <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	VP REYNOLDS, CYNTHIA L 9565 VERONA LAKES BLVD. BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lance K. Mauro* (Lance K. Mauro) 02/28/05 561 498 7542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #