

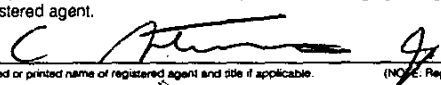
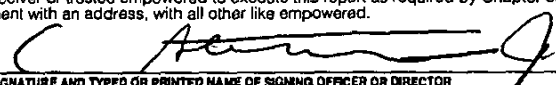


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90984 039 \*\*\*150.00

<b>DOCUMENT # P04000025947</b>					
1. Entity Name C.STEVENS JR. PSY.D. P.A.					
Principal Place of Business 1980 N ATLANTIC AVE STE 422 COCOA BCH, FL 32931			Mailing Address 1980 N ATLANTIC AVE STE 422 COCOA BCH, FL 32931		
2. Principal Place of Business 1127 S. PATRICK DR Suite, Apt. #, etc.		3. Mailing Address 1127 S. PATRICK DR Suite, Apt. #, etc.		 04272005    Chg-P    CR2E034 (10/03)	
City & State SATELLITE BEACH, FL		City & State SATELLITE BCH, FL			
Zip 32937	Country BREVARD	Zip 32937	Country BREVARD	4. FEI Number 59-3205451	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  STEVENS, CHARLES 1980 N ATLANTIC AVE STE 422 COCOA BCH, FL 32931			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 1127 S. PATRICK DR City SATELLITE BCH    FL    Zip Code 32937		
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  DATE 4-28-05					
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	D STEVENS, CHARLES 1980 N ATLANTIC AVE STE 422 COCOA BCH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1127 S. PATRICK DR SATELLITE BCH, FL 32937	<input checked="" 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
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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:  DATE 4-27-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					