### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P04000053889**

1. Entity Name

BET ELLIS INDIVIDUAL AND FAMILY COUNSELING INC



Principal Place of Business

107 BAYBRIDGE DR

STE B

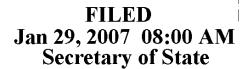
GULF BREEZE, FL 32561

Mailing Address

107 BAYBRIDGE DR

STE B

GULF BREEZE, FL 32561





DO	NOT	WRITE	IN THIS	SPACE
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01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0935003

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKEY, RAYMOND G 913 GULF BREEZE PKWY STE #5 GULF BREEZE, FL 32561

# 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.

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

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, 2007 Fee will be \$550.00

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

OFFICERS AND DIRECTORS TITLE NAME ELLIS, BETTY B STREET ADDRESS 107 BAYBRIDGE DR GULF BREEZE, FL 32561 CITY-ST-ZIP TITLE NAME ELLIS, JOSEPH C STREET ADDRESS 107 BAYBRIDGE DR CITY-ST-ZIP GULF BREEZE, FL 32561 TITLE NAME STREET ADDRESS CITY-ST-ZIP

01/30/07-80057-023 150.00

## DO NOT WRITE 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

SIGNATURE:

NGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 810 9278

Daytime Phone #