

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092878

FILED
Apr 27, 2005
Secretary of State

Entity Name: EMPLOYEE ASSISTANCE ASSOCIATES, INC.

Current Principal Place of Business:

589 AVENUE K, SE
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

589 AVENUE K, SE
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 05-0619909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENESIS BEHAVIORAL HEALTHCARE SERVICES INC
589 AVENUE K, SE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

LUMBERSON, JAMES C
589 AVENUE K, SE
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: JAMES C. LUMBERSON

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUMBERSON, JAMES C
Address: 589 AVENUE K, SE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. LUMERSON

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date