

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90012 022 ***150.00

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1. Entity Name

CHILD AND ADOLESCENT TREATMENT CENTER, INC.

Principal Place of Business
1850 LEE ROAD
SUITE 103
WINTER PARK FL 32789

Mailing Address
1850 LEE ROAD
SUITE 103
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1403311

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRBY, KRISSA E PSY.D.
1850 LEE ROAD
SUITE 103
WINTER PARK FL 32789

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

*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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
KIRBY, KRISSA E PSY.D.
1850 LEE ROAD, SUITE 103
WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Krissa E. Kirby (CEO)

7/26/05

407-739-5874

Daytime Phone #

ATTACHMENT

50058429
#P0400018601

Krissa E. Kirby, Psy.D.
1850 Lee Road, Suite 103
Winter Park, FL 32789
407-739-5874

July 26, 2005

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

To whom it may concern at the Division of Corporations:

I have enclosed a check for \$150 for the filing/processing of my 2005 for profit corporation annual report. I had no knowledge that my 2005 annual report was due prior by 5/1/05 until I received a postcard from your department the week of 7/4/05. As this was the first notification I received from your department, some two months past the deadline, I am requesting that the \$400 late fee be waived. Thank you for your help and consideration in this matter..

Sincerely,



Krissa E. Kirby