## 2006 FOR PROFIT CORPORATION

## Jan 13, 2006 8:00 am **ANNUAL REPORT Secretary of State** EPDVNFOU!\$ P04000160394 01-13-2006 90046 045 \*\*\*150.00 SANDY CANFIELD, LMHC, P.A. Principal Place of Business Mailing Address 3261!CBSL!BVFOVF!CPSU 3261!QBSL!BAROAF!QPSU X.O.FS(CESL.!QM4389). X.O.FSICESL-!CM4389: 3/ Principal Place of Business 4/ Mailing Address 150 01052006 Di h.Q DS3F145!)22016\* City & State City & State 5/\_FEI Number Applied For 98 Winter 20 <del>-</del> Not Applicable %9/86 Beejupobrn SA 6/ Certificate of Status Desired 7/ Obn f!boelBeesfttlpgDvssfouSfhjtufsfe!Bhfou 8/ Obn f !boe!Beesftt !pgOf x !Sf hjt uf sf e!Bhf ou Name CANFIELD, ODALIA S Street Address (P.O. Box Number is Not Acceptable) 2150 PARK AVENUE NORTH WINTER PARK, FL 32789 City Zip Code GM 9/ 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. (NOTE: Registered Agent signature required when reinstating) : / Election Campaign Financing %6/11 NbzlCr1 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Beef eludGfft OFFICERS AND DIRECTORS 21/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 22/ PD TITLE ☐ Delete TITLE ☐ Change Addition CANFIELD, ODALIA,S.; NAME NAME 2150 PARK AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF

23/ 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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TJHOBUVSF:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

FILED