

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 036 ***150.00

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|--|---------------------------------|---|---|
| EP DVNF OUI\$ P05000024456 2/ Entity Name VERO COUNSELING SERVICES, INC. | | | |
| Principal Place of Business 7: : 128U ITUSFFU TWURE WSPICED -QM43: 71 | | Mailing Address 7: : 128U ITUSFFU TWURE WSPICED -QM43: 71 | |
| 3/ Principal Place of Business 699 17th Street Suite, Apt. #, etc. Suite D | | 4/ Mailing Address 699 17th Street Suite, Apt. #, etc. Suite D | |
| City & State Vero Beach, FL | | City & State Vero Beach, FL | |
| Zip 32960 | Country USA | Zip 32960 | Country USA |
| 7/ Obn f lboe!Bee\$ t t t p g Dvss f ou\$ f h j t u f s e!Bhf ou GOLDEN, RICHARD W 699 17TH STREET SUITE D VERO BEACH, FL 32960 | | 8/ Obn f lboe!Bee\$ t t t p g Dv x l\$ f h j t u f s e!Bhf ou Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> GM Zip Code </div> | |
| 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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| 2/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | 3/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| 21/ OFFICERS AND DIRECTORS | | 22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE D NAME GOLDEN, RICHARD STREET ADDRESS 699 17TH STREET SUITE D CITY-ST-ZIP VERO BEACH, FL 32960 | <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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| 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. | | | |
| T.JOBVVSF: Richard W. Golden | | 3/1/06 772-778-5414 | |