

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90033 011 ***150.00

DOCUMENT # P05000045426

1. Entity Name
BRENDA J. SINGROSSI, L.M.H.C., P.A.



Principal Place of Business
120 WEST 6 TH AVE.
WINDERMERE, FL 34786 US

Mailing Address
P.O. BOX 822
GOTHA, FL 34734-0822 US

DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2616794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALLEY, CRAIG W EA
1517 E. HILLCREST STREET
ORLANDO, FL 32803

**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

Brenda Singrossi
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-08

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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
P
SINGROSSI, BRENDA J LMHC
120 WEST 6TH. AVE.
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

Brenda Singrossi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7-7-08 407 230-6627

ATTACHMENT

40110888

#705000045426

G C A
lobal ounseling ssociates

120 W. 6th Avenue
Windermere, Florida 34786
www.globalcounselingassociates.com

July 9, 2008

To Whom It May Concern:

Please be advised that I have not received the 2008 For Profit Corporation Annual Report invoice prior to this date. An error on behalf of the post office which I receive my mail from was not delivering to me. I now have this error resolved and am receiving my mail once again. Because this error was out of my control, I am asking that you please accept the original payment of 150.00. I have enclosed payment of 150.00.

Thank you in advance for your understanding

Sincerely,



Brenda Singrossi, Ph.D., LMHC