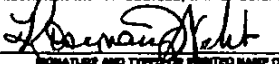


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-03-2006 90259 024 ***150.00

DOCUMENT # P05000055043					
1. Entity Name ROSEMARY WEBB, EDD, LMHC, INC.					
Principal Place of Business 930 W. MAIN STREET SUITE A AVON PARK, FL 33825 US			Mailing Address 311 W. THIRD STREET FROSTPROOF, FL 33843 US		
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 202693418	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, ROSEMARY 311 W. THIRD STREET FROSTPROOF, FL 33843			7. Name and Address of New Registered Agent		
			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 registering)					
DATE					
FILE NOW!!! FEB IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	WEBB, ROSEMARY T DR.			NAME	
STREET ADDRESS	311 W. THIRD STREET			STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP	
TITLE	VP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	WEBB, HALLIE C SR.			NAME	
STREET ADDRESS	311 W. THIRD STREET			STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				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		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 		ROSEMARY WEBB EDD LMHC		4/29/06 863-4490550	
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date		Daytime Phone #	