

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063047

FILED  
Jan 14, 2007  
Secretary of State

Entity Name: J. OLIVER SPEECH PATHOLOGY SERVICES, INC.

## Current Principal Place of Business:

4831 DIXIANA DR  
BOWLING GREEN, FL 33834

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 597  
BOWLING GREEN, FL 33834

## New Mailing Address:

FEI Number: 54-2171776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OLIVER-FULSE, JOYCE  
4831 DIXIANA DRIVE  
SUITE C  
BOWLING GREEN, FL 33834 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: OLIVER-FULSE, JOYCE  
Address: 4831 DIXIANA DR  
City-St-Zip: BOWLING GREEN, FL 33834

Title: VD ( ) Delete  
Name: OLIVER, JARROD  
Address: 4831 DIXIANA DR  
City-St-Zip: BOWLING GREEN, FL 33834

Title: TD ( ) Delete  
Name: FULSE, CHARLES  
Address: 4831 DIXIANA DR  
City-St-Zip: BOWLING GREEN, FL 33834

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: FULSE, CHARLES  
Address: 4831 DIXIANA DR.  
City-St-Zip: BOWLING GREEN, FL 33834

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE OLIVER-FULSE

CEO

01/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date