


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P05000104714 |  |
| 1. Entity Name ALPHA-OMEGA THERAPY AND CONSULTING SERVICES, INC. | |

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|---|---|
| Principal Place of Business 9005 WOODRUN RD PENSACOLA, FL 32514 | Mailing Address 9005 WOODRUN RD PENSACOLA, FL 32514 |
|---|---|



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent INKEL, JR, MAURICE J MR 9005 WOODRUN RD PENSACOLA, FL 32514 |
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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 Maurice J Inkel DATE 1/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 | D INKEL, BONNIE 9005 WOODRUN RD PENSACOLA, FL 32514 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D INKEL, MAURICE J JR 9005 WOODRUN RD PENSACOLA, FL 32514 |
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01/26/07-80009-008 150.00

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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: Bonnie Inkel DATE 1/20/07 850 - 791-6636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #