

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104714

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** ALPHA-OMEGA THERAPY AND CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

9005 WOODRUN ROAD  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

9005 WOODRUN ROAD  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 20-3251086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INKEL, JR, MAURICE J MR  
9005 WOODRUN ROAD  
PENSACOLA, FL 32514 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: D  
Name: INKEL, BONNIE  
Address: 9005 WOODRUN RD  
City-St-Zip: PENSACOLA, FL 32514

Title: D  
Name: INKEL, MAURICE J JR  
Address: 9005 WOODRUN RD  
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: BONNIE INKEL

D

01/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date