


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90050 022 ***150.00

DOCUMENT # P06000009791		
1. Entity Name KATHIE THAW, R.N., M.A., P.A.		

Principal Place of Business 929 NORTH SPRING GARDEN AVENUE SUITE 163 DELAND, FL 32720	Mailing Address 929 NORTH SPRING GARDEN AVENUE SUITE 163 DELAND, FL 32720
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2. Principal Place of Business - No P.O. Box # <i>The Center for Counseling + Consulting</i>		3. Mailing Address <i>611 Victoria Hills Dr.</i>	
Suite, Apt. #, etc. <i>661 Seminola Blvd</i>		Suite, Apt. #, etc. <i>611 Victoria Hills Dr.</i>	
City & State <i>Casselberry FLORIDA</i>		City & State <i>Deland Florida</i>	
Zip <i>32707</i>	Country <i>USA</i>	Zip <i>32724</i>	Country <i>USA</i>



04052007 Chg-P CR2E034 (12/06)

4. FEI Number <i>20-4167110</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THAW, KATHIE KATHIE 929 NORTH SPRING GARDEN AVENUE SUITE 163 DELAND, FL 32720		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Kathie Thaw* **PRESIDENT** DATE: *4/5/07*

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST THAW, KATHIE <input type="checkbox"/> Delete 929 NORTH SPRING GARDEN AVENUE SUITE 163 DELAND, FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST THAW, KATHIE <input checked="" type="checkbox"/> Change of Address <input type="checkbox"/> Addition <i>The Center for Counseling + Consulting 661 Seminola Blvd Casselberry FL 32707</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathie Thaw* *4/5/07* *386-956-0359*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #