

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088727

FILED
Apr 28, 2007
Secretary of State

Entity Name: LUCILLE A. D'AMICO, MENTAL HEALTH COUNSELOR INC.

Current Principal Place of Business:

120 WEST 6TH STREET
WINDERMERE, FL 34786

New Principal Place of Business:

120 WEST 6TH AVENUE
WINDERMERE, FL 34786

Current Mailing Address:

120 WEST 6TH STREET
WINDERMERE, FL 34786

New Mailing Address:

120 WEST 6TH AVENUE
WINDERMERE, FL 34786

FEI Number: 20-5641505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AMICO, LUCILLE A
5224 SEGARI WAY
WINDERMERE, FL 34786 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: DP () Delete
Name: D'AMICO, LUCILLE A
Address: 5224 SEGARI WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: LUCILLE D'AMICO

DP

04/28/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date