

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129796

FILED
Apr 30, 2009
Secretary of State

Entity Name: DONNA WILSON PSYCHOTHERAPY, INC.

Current Principal Place of Business:

2400 FEATHER SOUND DRIVE
APT 914
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

2400 FEATHER SOUND DRIVE
APT 914
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-5707428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, DONALD R
32 21ST STREET NORTH
ST PETERSBURG, FL 33713 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: P () Delete
Name: WILSON, DONNA Y
Address: 2400 FEATHERSOUND DRIVE, APT 914
City-St-Zip: CLEARWATER, FL 33762

Title: VP () Delete
Name: WILSON, DONNA Y
Address: 2400 FEATHERSOUND DRIVE, APT 914
City-St-Zip: CLEARWATER, FL 33762

Title: S () Delete
Name: WILSON, DONNA Y
Address: 2400 FEATHERSOUND DRIVE, APT 914
City-St-Zip: CLEARWATER, FL 33762

Title: T () Delete
Name: WILSON, DONNA Y
Address: 2400 FEATHERSOUND DRIVE, APT 914
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DONNA WILSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date