


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 029 ***150.00

DOCUMENT # P07000077128 1. Entity Name SCOTT COUNSELING AND CONSULTING SERVICES INC					
Principal Place of Business 847 ORANGE AVENUE DAYTONA BEACH, FL 32114			Mailing Address 847 ORANGE AVENUE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box # 723 Truman Ave		3. Mailing Address Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State			
Zip 32314	Country	Zip	Country	4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SCOTT, DEBORAH A 847 ORANGE AVENUE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name - Same - Street Address (P.O. Box Number is Not Acceptable) 723 Truman Ave City Tallahassee FL Zip Code 32314		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCOTT, DEBORAH A 847 ORANGE AVENUE DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 723 Truman Ave Tallahassee, FL 32314	
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	
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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: <i>Deborah Scott</i>			Date 4/12/08 Daytime Phone # 201-1910		