## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000066690

Entity Name: MERCED COUNSELING, INC.

FILED Jun 27, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1136 NE PINE ISLAND ROAD, STE 79 1059 NE PINE ISLAND ROAD CAPE CORAL, FL 33909

SUITE 6

CAPE CORAL, FL 33909

**Current Mailing Address: New Mailing Address:** 

1136 NE PINE ISLAND ROAD, STE 79 1059 NE PINE ISLAND ROAD CAPE CORAL, FL 33909 SUITE 6

CAPE CORAL, FL 33909

FEI Number: 26-1248191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MERCED, CYNTHIA 3031 NW 2ND PLACE CAPE CORAL, FL 33993 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

MERCED, PAUL MERCED, PAUL Name: Name:

1136 NE PINE ISLAND ROAD, STE 79 1059 NE PINE ISLAND ROAD STE 6 Address: Address:

City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909

Title: Title: (X) Change ( ) Addition () Delete

Name: MERCED, CYNTHIA Name: MERCED, CYNTHIA

1136 NE PINE ISLAND ROAD, STE 79 Address: 1059 NE PINE ISLAND ROAD STE 6 Address:

CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 City-St-Zip: 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: CYNTHIA MERCED ST 06/27/2009