

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062110

Entity Name: COUNSELING COVE, P.A.

FILED  
Jan 09, 2012  
Secretary of State

## Current Principal Place of Business:

2150 SEVEN SPRINGS BLVD.  
TRINITY, FLORIDA, FL 34655

## New Principal Place of Business:

1027 US HIGHWAY 19  
HOLIDAY, FL 34691

## Current Mailing Address:

2150 SEVEN SPRINGS BLVD.  
TRINITY, FLORIDA, FL 34655

## New Mailing Address:

1027 US HIGHWAY 19  
HOLIDAY, FL 34691

FEI Number: 27-0595452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GRISSETA, JOSEPH  
2150 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655 US

## Name and Address of New Registered Agent:

GRISSETA, JOSEPH  
1027 US HIGHWAY 19  
HOLIDAY, FL 34691 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: JOSEPH GRISSETA

01/09/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: GRISSETA, APRIL  
Address: 1027 US HIGHWAY 19  
City-St-Zip: HOLIDAY, FL 34691

Title: TRES  
Name: GRISSETA, APRIL  
Address: 1027 US HIGHWAY 19  
City-St-Zip: HOLIDAY, FL 34691

I hereby 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 all other like empowered.

SIGNATURE: APRIL GRISSETA

PRES

01/09/2012

Electronic Signature of Signing Officer or Director

Date