

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000084282

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** AUTISM CONSULTING NETWORK INC.

**Current Principal Place of Business:**

203 EAST 10TH STREET  
SANFORD, FL 32771 US

**New Principal Place of Business:**

3688 BILTMORE AVE  
TALLAHASSEE, FL 32311 US

**Current Mailing Address:**

203 EAST 10TH STREET  
SANFORD, FL 32771 US

**New Mailing Address:**

3688 BILTMORE AVE  
TALLAHASSEE, FL 32311 US

**FEI Number:** 27-1105924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BULLOCK, CHRYSTIN  
203 EAST 10TH STREET  
SANFORD, FL 32771 US

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

BULLOCK, CHRYSTIN  
3688 BILTMORE AVE  
TALLAHASSEE, FL 32311 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: CHRYSTIN BULLOCK

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BULLOCK, CHRYSTIN  
Address: 3688 BILTMORE AVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: VP  
Name: BULLOCK, TODD  
Address: 3688 BILTMORE AVE  
City-St-Zip: TALLAHASSEE, FL 32311 US

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: CHRYSTIN BULLOCK

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date