

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P93000003331

1. Entity Name
PSYCHOLOGICAL SERVICES OF ST. AUGUSTINE, INC.



Principal Place of Business
1100-1 S PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084

Mailing Address
1100-1 S PONCE DE LEON BLVD
SAINT AUGUSTINE, FL 32084



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3161680

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C'CONNELL, W.H. CPA
2200 NORTH PONCE DE LEON BLVD. STE 10
ST. AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000693882

04/16/07-80057-020 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MERWIN, JACK M
STREET ADDRESS 1100-1 S. PONCE DE LEON BLVD
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE D
NAME SELIG, KAREN G
STREET ADDRESS 1100-1 S. PONCE DE LEON BLVD
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #