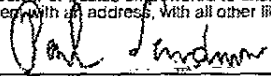


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000047980 1. Entity Name ADJUSTMENT AND AWARENESS COUNSELING SERVICES, INC.		
Principal Place of Business 301 3RD STREET N.W. WINTER HAVEN, FL 33882	Mailing Address P.O. BOX 453 WINTER HAVEN, FL 33882	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SANDMAN, PAUL 393 LAKE DAISY DR WINTER HAVEN, FL 33884		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 reconstituting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDMAN, PAUL 393 LAKE DAISY DRIVE WINTER HAVEN, FL 33884	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  PAUL SANDMAN		Date 4/23/04 Daytime Phone # 863-291-3155



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3252162	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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04/26/04-60153-012 150.00

**DO NOT WRITE
IN THIS SPACE**