

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

DOCUMENT # P94000063593

1. Entity Name
HODAN PSYCHOLOGICAL SERVICES, P.A.



Principal Place of Business

3745 5TH AVE NORTH
SAINT PETERSBURG, FL 33713 US

Mailing Address

P O BOX 86339
MADEIRA BEACH, FL 33708 US

DO NOT WRITE IN THIS SPACE

**FILED
Mar 10, 2006 08:00 AM
Secretary of State**



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3272356	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HODAN, GERALD J.
3745 5TH AVE NORTH
SAINT PETERSBURG, FL 33713

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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 re-registering)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME HODAN, GERALD
STREET ADDRESS 16446 REDINGTON DRIVE
CITY-ST-ZIP REDINGTON BEACH, FL 33708

000000462386
03/21/06-00034-004 150.00

TITLE
NAME
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:

Gerald J. Hodan
Signature and Typed or Printed Name of Signing Officer or Director

President

3/6/06 287-743-4141

Date

Daytime Phone #