

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000077975**

1. Entity Name  
GULF COAST PROFESSIONAL COUNSELING CENTER,  
INC.



Principal Place of Business ONE BEACH DRIVE SE 2612 ST PETERSBURG, FL 33701 US	Mailing Address ONE BEACH DRIVE SE 2612 ST PETERSBURG, FL 33701 US
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3272905	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

FLYNN, MICHAEL D  
ONE BCH DR SE  
STE #2612  
ST PETERSBURG, FL 33701

7. 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, MICHAEL D ONE BEACH DR SE #2612 ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLYNN, RONI ONE BEACH DR SE #2612 SAINT PETERSBURG, FL 33701
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04/18/05-80015-013 150.00

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:** Michael D. Flynn Michael D. Flynn 4/14/05 (727) 826-9331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #