


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P94000077975</b>	
<b>1. Entity Name</b> GULF COAST PROFESSIONAL COUNSELING CENTER, INC.	

<b>Principal Place of Business</b> ONE BEACH DRIVE SE 2612 ST PETERSBURG, FL 33701 US	<b>Mailing Address</b> ONE BEACH DRIVE SE 2612 ST PETERSBURG, FL 33701 US
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01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3272905	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  FLYNN, MICHAEL D ONE BCH DR SE STE #2612 ST PETERSBURG, FL 33701
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**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, 2006 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	FLYNN, MICHAEL D
<b>STREET ADDRESS</b>	ONE BEACH DR SE #2612
<b>CITY-ST-ZIP</b>	ST PETERSBURG, FL 33701
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	FLYNN, RONI
<b>STREET ADDRESS</b>	ONE BEACH DR SE #2612
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG, FL 33701
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**DO NOT WRITE  
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:** Michael D. Flynn MICHAEL D. FLYNN 2/28/06 (227) 656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone