


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000009863</b> 1. Entity Name CAPE COUNSELING SERVICES OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 923 S. DEL PRADO BLVD. 202 CAPE CORAL, FL 33990	Mailing Address 923 S. DEL PRADO BLVD. 202 CAPE CORAL, FL 33990
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**DO NOT WRITE IN THIS SPACE**



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0577617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
BAKER, HELEN E  
923 S. DEL PRADO BLVD.  
SUITE 202  
CAPE CORAL, FL 33990

**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 resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, HELEN E 923 S. DEL PRADO BLVD., SUITE 202 CAPE CORAL, FL 33990
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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: Shelcom Sarkis, B. M. July 22, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #