

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028562

FILED  
Jun 12, 2012  
Secretary of State

**Entity Name:** COUNSELING AND CERTIFICATION NETWORK, INC.

**Current Principal Place of Business:**

6111 SOUTH POINT BLVD.  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

45 WYCKOFF DR  
PITTSTOWN, NJ 08867

**New Mailing Address:**

**FEI Number:** 65-0740794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEMOLA, DAVID T  
6111 SOUTH POINT BLVD.  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DEMOLA, DAVID T  
Address: 65 CROSS ROAD  
City-St-Zip: COLTS NECK, NJ 07722

Title: S  
Name: DEMOLA, DIANE B  
Address: 65 CROSS ROAD  
City-St-Zip: COLTS NECK, NJ 07722

Title: D  
Name: NATALE, ELIO S  
Address: 45 WYCKOFF DR  
City-St-Zip: PITTSTOWN, NJ 08867

Title: T  
Name: NATALE, CAROLYN G  
Address: 45 WYCKOFF DR  
City-St-Zip: PITTSTOWN, NJ 08867

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN NATALE

SEC

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date