


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000068498
 1. Entity Name
 RESPONSE THERAPIES, INC.



Principal Place of Business Mailing Address
 2242 TULIP STREET 2242 TULIP STREET
 SARASOTA, FL 34239 SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0773308 App'd For (Not App'able)
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WARREN, WANDA
 2242 TULIP STREET
 SARASOTA, FL 34239

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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	WARREN, WANDA
STREET ADDRESS	2242 TULIP STREET
CITY ST ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000102341
 04/05/04-80011-007 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Wanda Warren*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR