


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90026 034 ***150.00

DOCUMENT # P97000101853 1. Entity Name ADVANCED COUNSELING CENTER, INC.	
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Principal Place of Business 846 ANCHOR RODE DRIVE NAPLES, FL 34103 US	Mailing Address 846 ANCHOR RODE DRIVE NAPLES, FL 34103 US
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DO NOT WRITE IN THIS SPACE



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3482474	Applied For <input type="checkbox"/> 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 ROSS, DONALD K JR. 2640 GOLDEN GATE PARKWAY SUITE 206 NAPLES, FL 34105 <i>599 Ninth Street North 300 34102</i>
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	PVTS TIBBLES, LILLIAN 455 1ST AVE. N NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM TIBBLES, LILLIAN 455 1ST AVE N. NAPLES, FL 34102
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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)(i), 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: <i>Lillian Tibbles</i> 3/1/04 (239) 262-2058	Date	Daytime Phone #
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