

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104566

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: TURNING POINT COUNSELING AND CONSULTING, INC.

## Current Principal Place of Business:

3104 17TH STREET  
ST. CLOUD, FL 34769

## New Principal Place of Business:

3112 17TH STREET  
ST. CLOUD, FL 34769

## Current Mailing Address:

PO BOX 700692  
ST CLOUD, FL 34770

## New Mailing Address:

FEI Number: 59-3526394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, JOANNE  
3104 17TH STREET  
ST. CLOUD, FL 34769      US

## Name and Address of New Registered Agent:

TURNER, JOANNE  
3112 17TH STREET  
ST. CLOUD, FL 34769      US

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: \_\_\_\_\_

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: TURNER, GARY E.  
Address: 3104 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: P ( ) Delete  
Name: TURNER, JOANNE D  
Address: 3104 17TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: TURNER, GARY E.  
Address: 3112 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: P (X) Change ( ) Addition  
Name: TURNER, JOANNE D  
Address: 3112 17TH STREET  
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP ( ) Change (X) Addition  
Name: TURNER, SCOTT G  
Address: 3112 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

Title: VP ( ) Change (X) Addition  
Name: TURNER, STEPHEN A  
Address: 3112 17TH STREET  
City-St-Zip: ST. CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE D TURNER

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date