

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P98000015407 1. Entity Name ADVANCE SPEECH THERAPY SERVICES, INC. |  |
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| Principal Place of Business 962 S.W. HAMBERLAND AVE. PORT ST. LUCIE, FL 34953 | Mailing Address 962 S.W. HAMBERLAND AVE. PORT ST. LUCIE, FL 34953 |
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01302006. No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0822408 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCANDLESS, JANELLE B
962 S.W. HAMBERLAND AVE.
PORT ST. LUCIE, FL 34953

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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 renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP MCCANDLESS, BRIAN 962 S.W. HAMBERLAND AVE. PORT ST. LUCIE, FL 34953 |
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02/15/06-80025-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Janelle B McCandless Janelle B McCandless 1/30/06 5091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #