

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053791

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** EDWARDS COUNSELING ASSOCIATES, P.A.

**Current Principal Place of Business:**

5991 CHESTER AVENUE  
SUITE 104  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 56197  
JACKSONVILLE, FL 322416197 US

**New Mailing Address:**

**FEI Number:** 59-3554199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, JANETTE E  
5991 CHESTER AVENUE, STE. 104  
JACKSONVILLE, FL 32217 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: EDWARDS, JOHN W  
Address: 1645 INKBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S  
Name: EDWARDS, ASHLYE  
Address: 1645 INKBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: P  
Name: EDWARDS, JANETTE E  
Address: 1645 INKBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

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:** JANETTE E. EDWARDS

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date