

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-29-2004 90258 050 ***150.00

FILE P98000103080

04 MAY 11 PM 4:33

TALLAHASSEE, FLORIDA

94073049



MOORE CR2E034 (11/03)

DOCUMENT # P98000103080

1. Entity Name
INCLUSIVE COUSLING SERVICES, INC.
Inclusive Counseling Services, Inc.

Principal Place of Business
**2600 9TH STREET NORTH STE. 301
ST. PETERSBURG FL 33704**

Mailing Address
**2600 9TH STREET NORTH STE. 301
ST. PETERSBURG FL 33704**

2. Principal Place of Business
2600 Dr. Martin Luther King St. N.
Suite, Apt. #, etc.
Suite 301
City & State
St. Petersburg, FL
Zip
33704 Country
USA

3. Mailing Address
2600 Dr. Martin Luther King St. N.
Suite, Apt. #, etc.
Suite 301
City & State
St. Petersburg, FL
Zip
33704 Country
USA

4. FEI Number **59-3546572** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBERSON, TONY
2600 9TH ST N
SUITE 301
SAINT PETERSBURG FL 33704**

7. Name and Address of New Registered Agent
Name
Patsy Kyzer
Street Address (P.O. Box Number is Not Acceptable)
2600 Dr. Martin Luther King St. N.
Suite 301
City
St. Petersburg FL Zip Code
33704

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 **Patsy Kyzer Director Patsy Kyzer** **04/26/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	ROBERSON, ANTHONY J	2600 9TH STREET NORTH STE. 301	ST. PETERSBURG FL 33704	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director D	Patsy Kyzer	2600 Dr. Martin Luther King St. N., Suite 301	St. Petersburg, FL 33704	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Patsy Kyzer Patsy Kyzer** **04/26/2004** **727-820-9015**
Signature and typed or printed name of signing officer or director Date Daytime Phone #