

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000063183

1. Entity Name
COUNSELING & CONSULTING CENTER, INC.



Principal Place of Business

PO BOX 15797
TAMPA, FL 33684

Mailing Address

PO BOX 15797
SUITE 102
TAMPA, FL 33684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3587680

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

COHEN, ROBERT F.
2918 BUSCH LAKE BLVD
TAMPA, FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME VILLA, RENE
STREET ADDRESS 8205 N FREMONT
CITY-ST-ZIP TAMPA, FL 336042705

Delete

TITLE D
NAME GIBSON, SIDNEY L JR
STREET ADDRESS 10010 N. 23RD ST
CITY-ST-ZIP TAMPA, FL 336127126

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 30, 2004 8:00 am
Secretary of State**

04-30-2004 90394 038 ***150.00

4403144



Date Daytime Phone #

4-27-04

President