

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081391

FILED
Apr 15, 2004
Secretary of State

Entity Name: COUNSELING, INC.

Current Principal Place of Business:

259 EAST OAKDALE AVENUE
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

259 EAST OAKDALE AVENUE
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 59-3600923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, SUSAN
259 EAST OAKDALE AVENUE
CRESTVIEW, FL 32539

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: D () Delete
Name: PAGE, SUSAN
Address: 121 MARKELLA ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: LEHNERT, RAMONA JEANNE
Address: 199 WEDGEWOD LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: ROWLAND, TOMMY
Address: 4593 LIVEOAK CHURCH ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: HICKENBOTHAM, DE ANNA
Address: 139 WALTON DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: ST. R. SAAL, PIERRE
Address: 648 VA OAK CT
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TOMMY ROWLAND

D

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date