

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081391

FILED  
Apr 02, 2009  
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 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: 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 exemption stated 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 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

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date