

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000081391

Entity Name: COUNSELING, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

259 EAST OAKDALE AVENUE  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

396 GARDEN STREET  
CRESTVIEW, FL 32536

**Current Mailing Address:**

259 EAST OAKDALE AVENUE  
CRESTVIEW, FL 32539

**New Mailing Address:**

396 GARDEN ST  
CRESTVIEW, FL 32536

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:**

RAMONA, JEANNE LEHNERT  
396 GARDEN STREET  
CRESTVIEW, FL 32536 US

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: RAMONA JEANNE LEHNERT

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RAMONA, JEANNE LEHNERT  
Address: 199 WEDGEWOOD LANE  
City-St-Zip: CRESTVIEW, FL 32536

Title: D  
Name: HICKENBOTHAM, DEANNA  
Address: 139 WALTON DRIVE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D  
Name: SAAL, PIERRE  
Address: 648 VA OAK  
City-St-Zip: FT WALTON BEACH, FL 32547

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: RAMONA JEANNE LEHNERT

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04/19/2011

Electronic Signature of Signing Officer or Director

Date