2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90084 017 ***150.00

DOCUMENT # S37995

1. Entity Name
COUNSELING AND CONSULTING PROFESSIONALS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
321 NORTHLAKE BLVD. SUITE 206 NORTH PALM BEACH, FL 33408	321 NORTHLAKE BLVD. SUITE 206 NORTH PALM BEACH, FL 33408

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
537 US Hiway 1	537 US Hiway 1
Suite, Apt. #, etc. Suite #2	Suite, Apt. #, etc. Suite #2
City & State North Palm Beach, Fl.	City & State North Palm Beach, Fl.
Zip 33408 Country Palm Beach	Zip 33408 Country Palm Beach

4. FEI Number 65-0251840 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, M L LESLIE
5210 CELERY LN
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

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, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS OWENS, M L 5210 CELERY LN PALM BCH GARDEN, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OWENS, M L 5210 CELERY LN PALM BCH GARDEN, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: M Leslie Owens / M, Leslie Owens 04/08/05 (561)842-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #