

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # V00591

1. Entity Name
FAMILY PSYCHOLOGY ASSOCIATES, INC.



Principal Place of Business
**685 MAIN ST.
SUITE C
SAFETY HARBOR, FL 34695 US**

Mailing Address
**685 MAIN ST.
SUITE C
SAFETY HARBOR, FL 34695 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3097140

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEMOOR-PEAL, ROSE PH.D
7018 PELICAN ISLAND DR.
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMOOR-PEAL, ROSE 7018 PELICAN ISLAND DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MICHAEL T 2987 NORTHFIELD DR. TARPON SPRINGS, FL 34689
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other like empowered.

SIGNATURE:

Rose De Moor-Peal
Rose De Moor-Peal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Vice President*

1/13/07 *(727) 725-8820*
Date Daytime Phone #