

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000049011

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Entity Name:** C2E, COACHING, COUNSELING & EAP, PA

**Current Principal Place of Business:**

6011 MEMORIAL HWY  
SUITE 223  
TAMPA, FL 33615

**New Principal Place of Business:**

8270 WOODLAND CENTER BLVD.  
TAMPA, FL 33614

**Current Mailing Address:**

6011 MEMORIAL HWY  
SUITE 223  
TAMPA, FL 33615

**New Mailing Address:**

8270 WOODLAND CENTER BLVD.  
TAMPA, FL 33614

**FEI Number:** 27-0323002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DE LA ESPRIELLA, PILAR  
5746 HARBORSIDE DRIVE  
TAMPA, FL 33615 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: P  
Name: DE LA ESPRIELLA, PILAR  
Address: 5746 HARBORSIDE DRIVE  
City-St-Zip: TAMPA, FL 33615

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: PILAR E. DE LA ESPRIELLA

PRES

01/24/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date