2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90046 022 ***150.00

DOCUMENT # F00000004374

1. Entity Name

PROFESSIONAL RESEARCH CONSULTANTS, INC.

Principal Place of Business	Mailing Address
11326 P STREET OMAHA NE 68137	11326 P STREET OMAHA NE 68137

J00014379

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 47-0628654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIGGIN, HAL
115 SOUTH ANDREWS AVE., A360
FT LAUDERDALE FL 33301

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
Make Check Payable to Florida Department of State

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	PCD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	INGUANZO, JOSE M		NAME		
STREET ADDRESS	11326 P STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	INGUANZO, JOYCE		NAME		
STREET ADDRESS	11326 P STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LIVINGSTON, KENNETH J		NAME		
STREET ADDRESS	11326 P STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUEBNER, CYNTHIA R		NAME		
STREET ADDRESS	11326 P STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	SCHLEFF, THOMAS F		NAME		
STREET ADDRESS	11326 P STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHLEFF, THOMAS F		NAME		
STREET ADDRESS	11326 P STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		CITY-ST-ZIP		

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: Cynthia R Huebner Feb 1, 2005 4025925656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #