2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000004374

Entity Name
PROFESSIONAL RESEARCH CONSULTANTS, INC.

6830

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

DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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04/14/06-80017-011 150.00

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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, with all other like empowered.

SIGNATURE: Cynthia Huebner 033006 4025923656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #