2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L90154

1. Entity Name
I.F.C. CONSULTING, INC.

50028732

Principal Place of Business	Mailing Address
136 SEASHORE DRIVE ISLAMORADA, FL 33036 US	PO BOX 147 ISLAMORADA, FL 33036 US

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0215753	Not Applicable

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

6. Name and Address of Current Registered Agent

HERTEL, GEORGE D
136 SEASHORE DRIVE
ISLAMORADA, FL 33036

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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 _____

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

TITLE	PD
NAME	HERTEL, DOROTHY
STREET ADDRESS	136 SEASHORE DRIVE
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	VPD
NAME	HERTEL, GEORGE D.
STREET ADDRESS	136 SEASHORE DRIVE
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _George D. Hertel_   x _3-12-05_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #