2006 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

## Feb 16, 2006 08:00 AM DOCUMENT # P96000010111 **Secretary of State** FOREMOST CONSULTING CORP. Principal Place of Business Mailing Address 912 EVE ST DELRAY BEACH FL 33483 912 EVE ST **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0649774 Not Applicable $Z_{1}p$ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VAN GEMERT, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 912 EVE ST **DELRAY BEACH FL 33483** City 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. (am familiar with, and accept the obligations of registered agent. Signature, typed or primed name of registered agent and little if applicable (NOTE: Registered Agent signature required when ternstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THLE PD ☐ Delete TITLE Change 🔲 Addition NAME 000000435798 NAME VAN GEMERT, RICHARD C STREET ADDRESS STREET ADDRESS 02/27/06-80007**-**001 150.**00** 912 EVE ST CHY-ST-ZIP City-ST-ZIP **DELRAY BEACH FL 33483** Delete ☐ Change noitibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-20P ☐ Delete TITLE ☐ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TISLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CKTY-ST-ZIP MLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 it 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:

RICHARD C. VAN GEMER

**FILED** 

561-274-6656