

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 648697

**Entity Name:** GINGERICH CONSULTING, INC.

**Current Principal Place of Business:**

4711 10TH ST.  
SARASOTA, FL 34232

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC3954162605**

**Current Mailing Address:**

5317 FRUITVILLE RD  
#125  
SARASOTA, FL 34232 US

**FEI Number: 59-1952806**

**Certificate of Status Desired: No**

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

BONE, DAVID D  
100 WALLACE AV.  
STE 100  
SARASOTA, FL 34237 US

*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

**Officer/Director Detail :**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Title           | PD                           | Title           | STD                          |
| Name            | GINGERICH, ERVIN O           | Name            | GINGERICH, CLARA M           |
| Address         | 5317 FRUITVILLE ROAD<br>#125 | Address         | 5317 FRUITVILLE ROAD<br>#125 |
| City-State-Zip: | SARASOTA FL 34232            | City-State-Zip: | SARASOTA FL 34232            |

*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: CLARA GINGERICH**

**STD**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date