

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90079 013 ***150.00

DOCUMENT # 328795

1. Entity Name

CONSULTING SERVICES INC



Principal Place of Business

**3174 GULFVIEW DR.
SPRING HILL FL 34607**

Mailing Address

**3174 GULFVIEW DR.
SPRING HILL FL 34607**

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

59-1207735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMLIN, JACQUELYN K
3174 GULFVIEW DR.
SPRING HILL FL 34607**

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

TITLE **P** ☐ Delete
NAME **HAMLIN, JACQUELYN K**
STREET ADDRESS **3174 GULFVIEW DR.**
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **VP** ☐ Delete
NAME **HAMLIN, JEFF**
STREET ADDRESS **2813 EDINBORG LANE**
CITY-ST-ZIP **FLOWERMONDO TX 75028**

TITLE **S** ☐ Delete
NAME **HAMLIN, JON C**
STREET ADDRESS **7257 ROYAL OAK DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **B** ☐ Delete
NAME **HAMLIN, JON F**
STREET ADDRESS **3174 GULFVIEW DR**
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **YP** ☒ Change ☐ Addition
NAME **HAMLIN, JEFF**
STREET ADDRESS **2813 EDINBORG LANE**
CITY-ST-ZIP **FLOWERMONDO, TX 75028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

Date

352-684-4144

Daytime Phone #