

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Apr 18, 2008 08:00 AM
Secretary of State



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1207735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HAMLIN, JACQUELYN K
STREET ADDRESS	2813 EDINBURG LANE
CITY-ST-ZIP	FLOWER MOUND, TX 75028

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/08-80052-023 150.00

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IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-14-08 1352684-4144