

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000004355

1. Entity Name

DAVID H. POLLOCK CONSULTANTS, INC.



Principal Place of Business

99 KINDERKAMACK ROAD, SUITE 301
WESTWOOD, NJ 07675

Mailing Address

99 KINDERKAMACK ROAD, SUITE 301
WESTWOOD, NJ 07675

DO NOT WRITE IN THIS SPACE

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3187622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEWARD, JAMES L
12201 RESEARCH PARKWAY
SUITE 200
ORLANDO, FL 32826

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PSC
POLLOCK, DAVID H
STREET ADDRESS
99 KINDERKAMACK ROAD, SUITE 301
CITY-ST-ZIP
WESTWOOD, NJ 07675

TITLE
NAME
D
POLLOCK, JONATHAN D
STREET ADDRESS
99 KINDERKAMACK ROAD, SUITE 301
CITY-ST-ZIP
WESTWOOD, NJ 07675

TITLE
NAME
D
POLLOCK, JAMES
STREET ADDRESS
99 KINDERKAMACK ROAD, SUITE 301
CITY-ST-ZIP
WESTWOOD, NJ 07675

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 Jan 2007