

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000000904

1. Entity Name
AMRHEIN CONSULTING, INC.



Principal Place of Business
**2037 DOWN WOODS LANE
WINDERMERE, FL 34786**

Mailing Address
**2037 DOWN WOODS LANE
WINDERMERE, FL 34786**



06302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0942004

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AMRHEIN, THOMAS
2037 DOWN WOODS LANE
WINDERMERE, FL 34786**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CPT
AMRHEIN, THOMAS
2037 DOWN WOODS LANE
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VCVP
PASQUINELLI, DOROTHY
2037 DOWN WOODS LANE
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
PASQUINELLI, DOROTHY
2037 DOWN WOODS LANE
WINDERMERE, FL 34786**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000767176
07/06/07-80003-018 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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

THOMAS J. AMRHEIN

7/1/07

407-517-0955

Date

Daytime Phone #