

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90197 035 ***150.00

DOCUMENT # F94000002676

1. Entity Name
C.T. CONSULTING COMPANY



Principal Place of Business
**800 WORLD TRADE CENTER
NORFOLK, VA 23510**

Mailing Address
~~800 WORLD TRADE CENTER
NORFOLK, VA 23510~~
**8799-B Tamiami Trail N.
Naples, FL 34108**



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1562189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME O'LEARY, RICHARD
STREET ADDRESS 421 W. BUTE STREET
CITY-ST-ZIP NORFOLK, VA 23510

TITLE VPD
NAME O'LEARY, RICHARD **BARBARA**
STREET ADDRESS 421 W. BUTE STREET
CITY-ST-ZIP NORFOLK, VA 23510

TITLE SD
NAME PAYNE, CHARLES
STREET ADDRESS 3357 HERON GATE
CITY-ST-ZIP VIRGINIA BEACH, VA 23452

TITLE GMD
NAME BABKA, DINA
STREET ADDRESS 8799-B TAMAMIAMI TRAIL NORTH
CITY-ST-ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: Dina Babka *Dina Babka Regional Mgr.* **4/25/06** **239 597-6900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #