


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90023 034 ***150.00

DOCUMENT # G00725	
1. Entity Name BAUMEISTER CONSULTING, INC.	

Principal Place of Business 928 OLEANDER LADY LAKE, FL 32159	Mailing Address 928 OLEANDER LADY LAKE, FL 32159
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2. Principal Place of Business - No P.O. Box # 928 OLEANDER ST.	3. Mailing Address 928 OLEANDER ST.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State THE VILLAGES, FL	City & State THE VILLAGES, FL
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Zip 32159	Country	Zip 32159	Country
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02032007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2193319	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BAUMEISTER, WILLIAM J 928 OLEANDER LADY LAKE, FL 32159

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 928 OLEANDER ST.
City THE VILLAGES FL Zip Code 32159

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 WILLIAM J. BAUMEISTER, PRESIDENT 5 FEB 2007
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BAUMEISTER, WILLIAM J 928 OLEANDER LADY LAKE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMEISTER, CHERYL J 928 OLEANDER LADY LAKE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 928 OLEANDER ST. THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 928 OLEANDER ST. THE VILLAGES, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William J. Baumeister **WILLIAM J. BAUMEISTER, PRESIDENT** 5 FEB 2007 316-519-0168