


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G06584
 1. Entry Name
FLEET MANAGEMENT CONSULTING CORP.



Principal Place of Business 17809 BONIELLO DRIVE BOCA RATON, FL 33496	Mailing Address 17809 BONIELLO DRIVE BOCA RATON, FL 33496 US
---	--



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2320291	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
 SPINELLI, NICHOLAS J.
 17809 BONIELLO DRIVE
 BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	TD SPINELLI, NICK 17809 BONIELLO DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, CRAIG J. 860 N.W. 6TH AVE. BOYNTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPINELLI, NICK 17809 BONIELLO DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JV SPINELLI, AMELIA N 17809 BONIELLO DRIVE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000007429942
 02/22/06-80029-006 150.00

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:  **2-10-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #