

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91838

FILED
Jan 04, 2008
Secretary of State

Entity Name: TRACY CONSULTANTS, INC.

Current Principal Place of Business:

4660 S.W. 128TH AVENUE
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

Current Mailing Address:

4660 S.W. 128TH AVENUE
SOUTHWEST RANCHES, FL 33330

New Mailing Address:

FEI Number: 59-2422100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRACY, SENIOR, ROBERT N
4660 S.W. 128TH AVENUE
SOUTHWEST RANCHES, FL 33330 US

Name and Address of New Registered Agent:

TRACY, SENIOR, ROBERT N PRES.
4660 S.W. 128TH AVENUE
SOUTHWEST RANCHES, FL 33330 US

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.

SIGNATURE: NO CHANGE IN AGENT

01/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRACY, SENIOR, ROBERT N
Address: 4660 SW 128TH AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: VD () Delete
Name: STRAUGHN, SHARON
Address: 201 TURKEY LANE
City-St-Zip: SEBRING, FL 33875 US

Title: D () Delete
Name: TRACY, SCOTT R
Address: 8460 SW 181ST ST.
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: TRACY, GREGORY L
Address: 43609 DIXIE
City-St-Zip: PAISLEY, FL 32767 US

Title: D () Delete
Name: TRACY, JR, ROBERT N
Address: 4660 SW 128 AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: D () Delete
Name: TRACY, WILLIAM H
Address: 4660 SW 128 AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STRAUGHN, SHARON
Address: 201 TURKEY LANE
City-St-Zip: SEBRING, FL 33875 US

Title: VD (X) Change () Addition
Name: TRACY, SCOTT R
Address: 8460 SW 181ST ST.
City-St-Zip: MIAMI, FL 33157 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT N. TRACY, SR.

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date