2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G91838

Entity Name: TRACY CONSULTANTS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
4660 S.W. 128TH AVENUE SOUTHWEST RANCHES, FL 33330					4660 S.W. 128TH AVENUE SOUTHWEST RANCHES, FL 33330 US			
Current Mailing Address:					New Mailing Address:			
4660 S.W. 128TH AVENUE SOUTHWEST RANCHES, FL 33330					4660 S.W. 128TH AVENUE SOUTHWEST RANCHES, FL 33330 US			
FEI Number:	59-2422100	FEI Number Ap	oplied For()	FEI Nun	nber Not Appli	icable ()	Certificate of S	Status Desired (X)
Name and	Address of Co	urrent Registe	ered Agent:		Name and	Address o	f New Register	ed Agent:
4660 S.W. SOUTHWE		IE 6, FL 33330	US tement for the pur	rpose o	4660 SW 1: SW RANCI	28 AVÉ HES, FL 33		ered agent, or both,
SIGNATUR							01/14/2	onna
Electronic Signature of Registered Agent					Date			
Election Can	npaign Financing	-	•	L			Date	
OFFICERS	AND DIRECT	ODS:	.,		ADDITION	SICHANGI	ES TO OFFICED	S AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	TRACY, SENIOR 4660 SW 128TH SOUTHWEST RA	AVENUE ANCHES, FL 333 Delete ARON NE	30 US		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D STRAUGHN 201 TURKE SEBRING, F		
Title: Name: Address: City-St-Zip: Title:	TRACY, SCOTT 8460 SW 181ST MIAMI, FL 3315	ST.			Title: Name: Address: City-St-Zip: Title:	VD TRACY, SC 8460 SW 18 MIAMI, FL	31ST ST.	
Name: Address: City-St-Zip:	TRACY, GREGO 43609 DIXIE PAISLEY, FL 32				Name: Address: City-St-Zip:	TRACY, GR 43609 DIXII PAISLEY, F		
Title: Name: Address: City-St-Zip:	TRACY, JR, ROE 4660 SW 128 AV		30 US		Title: Name: Address: City-St-Zip:		() Change () Add	ition
Title: Name: Address: City-St-Zip:	TRACY, WILLIAM 4660 SW 128 AV		30 US		Title: Name: Address: City-St-Zip:		() Change () Add	ition

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 PD 01/14/2009