

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 038 ***158.75

DOCUMENT # K48620

1. Entity Name
SHYTLE'S CONSULTING SERVICES, INC.



Principal Place of Business
C/O JAMES B. SHYTLE
1100 MARTINIQUE DR. #120
WINTER HAVEN, FL 33884

Mailing Address
C/O JAMES B. SHYTLE
1100 MARTINIQUE DR. #120
WINTER HAVEN, FL 33884

40042625



DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2918765

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHYTLE, JAMES B.
960 S. LAKE ELBERT DR.
WINTER HAVEN, FL 33880

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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 James B. Shytle
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

March 29, 2006
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 D
NAME SHYTLE, JAMES B.
STREET ADDRESS 1100 MARTINIQUE DR. #120
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D
NAME SHYTLE, KATIE F.
STREET ADDRESS 1100 MARTINIQUE DR. #120
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: James B. Shytle James B Shytle 3-29-06 (863) 324 6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #