

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # K87147	
1. Entity Name BARBARA ALENCI CONSULTING, INC.	



FILED

04 JAN 22 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6126 ARLINGTON CIRCLE MELBOURNE, FL 32940 US	Mailing Address 6126 ARLINGTON CIRCLE MELBOURNE, FL 32940 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01222004

Chg-P

See Attach
CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-2947499	Applied For Not Applicable
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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 ALENCI, BARBARA L. 6126 ARLINGTON CR MELBOURNE, FL 32940	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE 01/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D ALENCI, BARBARA L. 6126 ARLINGTON CR MELBOURNE, FL 32940 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALENCI, ANTHONY J 6126 ARLINGTON CR MELBOURNE, FL 32940 <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 type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations

Annual Report

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Business Entity Name

BARBARA ALENCI CONSULTING, INC.

FEI Number

592947499

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

6126 ARLINGTON CIRCLE

Suite, Apt. #, etc.

City, State

MELBOURNE

FL

Zip Code & Country

32940

US

Mailing Address

Address

6126 ARLINGTON CIRCLE

Suite, Apt. #, etc.

City, State

MELBOURNE

FL

Zip Code & Country

32940

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

ALENCI, BARBARA L. D

~~or~~ RA Business Name

ALENCI, BARBARA L.

Address

6126 ARLINGTON CR

Suite, Apt. #, etc.

City, State

MELBOURNE

FL

Zip Code & Country

32940

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Barbara L. Alenci

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title
Officer/Director Signature

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Division of Corporations

Annual Report

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Business Entity Name

BARBARA ALENCI CONSULTING, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name