page poty

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K87147 1. Entity Name BARBARA ALENCI CONSULTING, INC.							FILED O4 JAN 22 PM	•		
Principal Place of Business Mailing Address 6126 ARLINGTON CIRCLE 6126 ARLINGTON CIRCLE MELBOURNE, FL 32940 US MELBOURNE, FL 32940 US						5		SECRETARY OF STALLAHASSEE, FI	_(GR))A	? ## ?
2. Principal Place of Business			3. Mail	3. Mailing Address					- 11 <i>-</i> - /	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01222004	Chg-P See CR2	AHACI E034 (10/03)	1
City & State			City & State				4. FEI Numb 59-294		<u> </u>	plied For t Applicable
Zip		Country	Zip		Coun	ltry	5. Certificate	of Status Desired	\$8.75 Add Fee Required	
	6. Name	and Address of Curren	Registere	d Agent		Name	7. Name and	Address of New Register	ed Agent	
ALENCI, BARBARA L 6126 ARLINGTON CR MELBOURNE, FL 32940						Street Address ((P _: O. Box Numb	er is Not Acceptable)		
						City) F	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, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10. THE	D	OFFICERS AND	DIRECTO	RS Delete	11.	r	ADDITIONS	CHANGES TO OFFICERS A	AND DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	ALENCI, 6126 ARI	BARBARA L. LINGTON CR RNE, FL 32940		L Delete	NAM STRI				L Claige	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6126 ARI	ANTHONY J INGTON CR RNE, FL 32940		☐ Delete		ľ			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	4			78	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					☐ Change	Addition
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 Daily Daylima Phone 4										

FEI Number





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Document Number K87147 **Business Entity Name** BARBARA ALENCI CONSULTING, INC.

59294749**9**

FEI Number Status	C Applied For C Not Applicable Current				
Certificate of Status De	esired O Yes • No				
p,	rincipal 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 A	nd Address of Registered Agent				
	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.

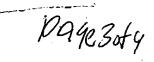
https://efile.sunbiz.org/scripts/ubr001.exe

Registered Agent Signature

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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	
	oove must type their name in the cure' block below. A corporate name is not
Title	D / MARINE
Officer/Director Signat	ure Calca a lelea a
	Continue Reset
	Start Over
Sunbiz Home Pa	ge Public Access Help





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Document Number K87147 Business Entity Name BARBARA ALENCI CONSULTING, INC.

Election Campaign Financing Trust Fund Contribution C Yes 6 No

Officer/Director Name And Address

Title	
Name (Last, First, Middle, Title)	ALENCI BARBARA L
-or- Entity Name	ALENCI, BARBARA L.
Street Address	6126 ARLINGTON CR
City, State	MELBOURNE , FL
Zip Code & Country	32940
Title	<u>v</u>
Name (Last, First, Middle, Title)	ALENCI ANTHONY J
-or- Entity Name	
Street Address	6126 ARLINGTON CR
City, State	MELBOURNE , FL
Zip Code & Country	32940
to the second second	
Title	<u> </u>
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	, , ,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	