2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Feb 09, 2005 8:00 am Secretary of State DOCUMENT # L71799 1. Entity Name 02-09-2005 90036 038 ***150.00 COMMSULT, INC. Principal Place of Business Mailing Address %RICHARD HESSER %RICHARD HESSER 119 SUNSET DR. 119 SUNSET DR. TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business % RICHARD + 3. Mailing Address HESSER RICHARD HESSER Suite, Apt. #, etc. 458 SIOUX BLVD Suite, Apt. #, etc. 458 SIOUX BLUD CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3068012 OAK HILL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32159 VOLUSIA VOKUSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KICHARD- HESSER HESSER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 119 SUNSET DR. TITUSVILLE FL 32780 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HESSER, SUSANE HESSER, SUSAN E NAME NAME 458 SIOUX BLUD STREET ADDRESS 119 SUNSET DR. STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL CITY-ST-ZIP OAK HILL FL TITLE VST TITLE ☐ Change ☐ Delete ■ Addition HESSER, RICHARD HESSER, RICHARD NAME NAME 458 SLOUX BLUP STREET ADDRESS 119 SUNSET DR. STREET ADDRESS CITY-ST-7IP TITUSVILLE FL CITY-ST-7IP OAK HILL FL TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TIT1 F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED