

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90029 036 ***150.00

DOCUMENT # L84695

1. Entity Name
CLB CONSULTING, INC.



Principal Place of Business

9919 SPOONBILL ROAD EAST
BRADENTON, FL 34209

Mailing Address

1001 FERO
LOWELL, MI 49331

2. Principal Place of Business

3. Mailing Address

19135 WHISPERING TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TRAVERSE CITY, MI

Zip

Country

Zip

Country

49086

USA

01222004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0214828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIGLE, RAYMOND A., III
9919 SPOONBILL ROAD EAST
BRADENTON, FL 34209

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

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME WALKER, ADRON H.
STREET ADDRESS 802 11TH STREET W.
CITY-ST-ZIP BRADENTON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☒ Delete
NAME WEIGEL, RAYMOND A., II
STREET ADDRESS 9919 SPOONBILL ROAD E.
CITY-ST-ZIP BRADENTON, FL

TITLE ☐ Change ☒ Addition
NAME T D Micki Weigel
STREET ADDRESS 19135 WHISPERING TRAIL
CITY-ST-ZIP TRAVERSE CITY, MI 49686

TITLE PD ☐ Delete
NAME WEIGEL, RAYMOND A., III
STREET ADDRESS 1001 FERO
CITY-ST-ZIP LOWELL, MI

TITLE ☒ Change ☐ Addition
NAME PD WEIGEL, RAYMOND A., III
STREET ADDRESS 19135 WHISPERING TRAIL
CITY-ST-ZIP TRAVERSE CITY, MI

TITLE STD ☐ Delete
NAME WEIGEL, WAVELET
STREET ADDRESS 9919 SPOONBILL ROAD EAST
CITY-ST-ZIP BRADENTON, FL

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/04 231.223.7333

Date

Daytime Phone #