

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90122 013 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # L84695</b>                      |  |  |
| 1. Entity Name<br><b>CLB CONSULTING, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>9919 SPOONBILL ROAD EAST<br/>BRADENTON FL 34209</b> | Mailing Address<br><b>19135 WHISPERING TRAIL<br/>TRAVERSE CITY MI 49686</b> |
|---|---|



1st MOORE CR2E034 (10/04)

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |  |
|------------------------------------|--|
| 4. FE# Number<br><b>65-0214828</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent                                    |  |
| <b>WEIGLE, RAYMOND A., III<br/>9919 SPOONBILL ROAD EAST<br/>BRADENTON FL 34209</b> |  |

|  |             |
|--|-------------|
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD <input checked="" type="checkbox"/> Delete |
| NAME                       | <b>WEIGEL, RAYMOND A., II</b>                 |
| STREET ADDRESS             | <b>19135 WHISPERING TRAIL</b>                 |
| CITY-ST-ZIP                | <b>TRAVERSE CITY MI 49686</b>                 |
| TITLE                      | SD <input type="checkbox"/> Delete            |
| NAME                       | <b>WEIGEL, RAYMOND A., III</b>                |
| STREET ADDRESS             | <b>1001 FERO</b>                              |
| CITY-ST-ZIP                | <b>LOWELL MI</b>                              |
| TITLE                      | STD <input type="checkbox"/> Delete           |
| NAME                       | <b>WEIGEL, WAVELET</b>                        |
| STREET ADDRESS             | <b>9919 SPOONBILL ROAD EAST</b>               |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                           |
| TITLE                      | TD <input type="checkbox"/> Delete            |
| NAME                       | <b>WEIGEL, MICKI</b>                          |
| STREET ADDRESS             | <b>19135 WHISPERING TRAIL</b>                 |
| CITY-ST-ZIP                | <b>TRAVERSE CITY MI 49686</b>                 |
| TITLE                      | <input type="checkbox"/> Delete               |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete               |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>WEIGEL, RAYMOND A. III</b>   |
| STREET ADDRESS  | <b>19135 WHISPERING TRAIL</b>   |
| CITY-ST-ZIP   | <b>TRAVERSE CITY, MI 49686</b>  |
| TITLE   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>WEIGEL, WAVELET</b>  |
| STREET ADDRESS  | <b>9919 SPOONBILL ROAD EAST</b>   |
| CITY-ST-ZIP   | <b>BRADENTON, FL</b>  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: Micki Weigel **231.**  
micki weigel **2/20/2005 223.7333**  
Date Daytime Phone #