

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L84695**

1. Entity Name

CLB CONSULTING, INC.



Principal Place of Business

9919 SPOONBILL ROAD EAST  
BRADENTON FL 34209

Mailing Address

19135 WHISPERING TRAIL  
TRAVERSE CITY MI 49686



1st MOORE

CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI 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 two if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME WEIGEL, RAYMOND A., III  
STREET ADDRESS 19135 WHISPERING TRAIL  
CITY-STATE-ZIP TRAVERSE CITY MI 49686

TITLE ☐ Change ☐ Add  
NAME U00000458036  
STREET ADDRESS 03/17/06-80027-019 150.00  
CITY-STATE-ZIP

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

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE TD ☐ Delete  
NAME WEIGEL, MICKI  
STREET ADDRESS 19135 WHISPERING TRAIL  
CITY-STATE-ZIP TRAVERSE CITY MI 49686

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2/24/2006 231-223-733

Date

Daytime Phone #