

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 015 ***150.00

DOCUMENT # P00000007325

1. Entity Name

GERRY IRONS CONSULTING, INC.



Principal Place of Business

6464 BARTON CREEK CIRCLE
LAKE WORTH FL 33463

Mailing Address

6464 BARTON CREEK CIRCLE
LAKE WORTH FL 33463



2. Principal Place of Business - No P.O. Box #

6664 Conch Ct

Suite, Apt. #, etc.

3. Mailing Address

6664 Conch Ct.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number 65-0980131

Applied For

Not Applicable

Zip

Country

33437

USA

Zip

Country

33437

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRONS, GERRY
6464 BARTON CREEK CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

IRONS, GERRY

Street Address (P.O. Box Number is Not Acceptable)

6664 CONCH COURT

City

BOYNTON BEACH

FL

Zip Code

33437

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 registering.)

(DATE)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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
NAME
STREET ADDRESS
CITY ST ZIP
D
IRON, GERRY
6464 BARTON CREEK CIRCLE
LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
IRON, GERRY
6664 CONCH COURT
BOYNTON BEACH, FL 33437 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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

2-15-07

561-734-7970

Date

Daytime Phone #