## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SHOWATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # P00000050059**

1. Entity Name

STROUD CONSULTING SERVICES, INC.



FILED Feb 15, 2006 08:00 AM Secretary of State

Principal Place of Business

8952 SW 212 TERRACE MIAMI, FL 33189 Mailing Address

8952 SW 212 TERRACE MIAMI, FL 33189



01212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1009268 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

305-479-302**3** 

6. Name and Address of Current Registered Agent

STROUD, CHRISTINE L 6952 SW 212 TERRACE MIAMI, FL 33189

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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3. 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 18 \$150.00 After May 1, 2006 Fee will be \$550.00		Ejection Campaign Finance     Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROUD, CHRISTINE L 8952 SW 212 TERRACE MIAMI, FL 33189				
TITLE NAME SINELI ADDRESS CITY-ST-ZIP					U00000434350 02/24/06-80061-006 158.75
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE
ITTLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
UTLE NAME STRLET ADDRESS CATY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					