

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094184

Entity Name: KEICOR CONSULTING, INC.

FILED
Feb 14, 2006
Secretary of State

Current Principal Place of Business:

815 ORIENTA AVE
2020
ALTAMONTE SPRINGS, FL 327015600

New Principal Place of Business:

Current Mailing Address:

815 ORIENTA AVE
2020
ALTAMONTE SPRINGS, FL 327015600

New Mailing Address:

FEI Number: 59-3675916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMANN, KEITH
815 ORIENTA AVE
2020
ALTAMONTE SPRINGS, FL 327015600 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LEHMANN, KEITH
Address: 502 RIVERA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: LEHMANN, CORAZON
Address: 502 RIVIERA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH LEHMANN

PSTD

02/14/2006

Electronic Signature of Signing Officer or Director

Date