

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000003837

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** WMS CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

210 W. PLATT STREET  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10219  
TAMPA, FL 33679

**New Mailing Address:**

210 W. PLATT STREET  
TAMPA, FL 33606

**FEI Number:** 59-3693104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, JENNIFER  
503 SUWANEE CIRCLE  
TAMPA, FL 33606 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, DARRELL  
Address: 210 W PLATT AT  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: WILLIAMS, JENNIFER  
Address: 210 W PLATT ST.  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER WILLIAMS

D

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date