

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P01000030494**

1. Entity Name  
**WAKEMAN CONSULTING, INC.**



Principal Place of Business  
**306 E. MAIN ST., STE. 200  
LAKELAND, FL 33801**

Mailing Address  
**PO BOX 90517  
LAKELAND, FL 33804-0517**



04092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0019032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WAKEMAN, WILLIAM H III  
306 E. MAIN ST., STE. 200  
LAKELAND, FL 33801**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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  
**PC  
WAKEMAN, WILLIAM H III  
1208 LAKE DEESON WOODS LN  
LAKELAND, FL 33805**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
KIRKLAND, HILLEVI E  
1427 GLENDALE ST.  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
PELL, CHARLES  
1400 GRASSLANDS BLVD. #15  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000995324  
04/24/08-80063-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Wm. H. Wakeman III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08 863 688-4441  
Date Daytime Phone #