

2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/

FILED
Sep 08, 2005 8:00 am
Secretary of State

08-11-2005 90002 041 ***150.00

DOCUMENT # P01000045203

1. Entity Name
WASHINGTON CONSULTANT MULTI-SERVICES, INC.



Principal Place of Business
407 S. DIXIE HWY.,
107
LAKE WORTH, FL 33460

Mailing Address
407 S. DIXIE HWY.,
107
LAKE WORTH, FL 33460

66027012



2. Principal Place of Business

407 So Dixie Hwy
Suite, Apt. #, etc.
107
City & State
LAKE WORTH
Zip
33460

3. Mailing Address

407 So. Dixie Hwy
Suite, Apt. #, etc.
107
City & State
LAKE WORTH
Zip
33460

07152005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1100166
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANCENE, PAUL
407 S. DIXIE HWY.,
107
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name
NESH Charles
Street Address (P.O. Box Number is Not Acceptable)
407 So. Dixie Hwy Ste 107
City LAKE WORTH FL Zip Code 33460

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 *Nesh Charles*

(NOTE: Registered Agent signature required when reappointing)

8/24/05
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANCENE, PAUL	
STREET ADDRESS	407 S. DIXIE HWY., SUITE 200	
CITY - ST - ZIP	LAKE WORTH, FL 33460	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	JEAN, GUIRLAINE	
STREET ADDRESS	2134 NE 3RD COURT	
CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
TITLE	NESH Charles	<input type="checkbox"/> Delete
NAME	407 So Dixie Hwy Ste 107	
STREET ADDRESS	LAKE WORTH FL 33460	
CITY - ST - ZIP		
TITLE	Director	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Emmatia Sergile	<input type="checkbox"/> Delete
NAME	5662 LINCOLN Cir E	
STREET ADDRESS	LAKE WORTH, FL 33463	
CITY - ST - ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/05 (561) 5404072
Date Daytime Phone



ATTACHMENT

66087012

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 12, 2005

WASHINGTON CONSULTANT MULTI-SERVICES, INC.
407 S. DIXIE HWY.,
107
LAKE WORTH, FL 33460

Subject: **WASHINGTON CONSULTANT MULTI-SERVICES, INC.**

Reference Number:

P01000045203

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION