

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 008 ***150.00

DOCUMENT # P01000058247

1. Entity Name

DEMARCO CONSULTING SERVICES, INC.



Principal Place of Business

7100 SUNSET WAY
APT. 206 W
ST. PETE BEACH FL 33706

Mailing Address

POST OFFICE BOX 5146
GULFPORT FL 33737



2. Principal Place of Business

7100 Sunset Way
Suite, Apt. #, etc.
Unit 206 W

3. Mailing Address

PO Box 67417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

Zip

33736

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3733846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, ROBERT J
1135 PASADENA AVENUE SOUTH
SUITE 140
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
TD
DEMARCO, RITA
7100 SUNSET WAY APT. 206 W
ST. PETE BEACH FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DEMARCO, JOSEPH G
7100 SUNSET WAY APT. 206 W
ST. PETE BEACH FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rita DeMarco Rita DeMarco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 127-363-6651

Date:

Daytime Phone #