2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State
01-21-2005 90048 039 ***150.00

DOCUMENT # P02000015206

1. Entity Name
W.H. KIRCHNER CONSULTING, INC.

50004662

Principal Place of Business	Mailing Address
10433 SW JERNIGAN STREET ARCADIA, FL 34266	10433 SW JERNIGAN STREET ARCADIA, FL 34266

2. Principal Place of Business	3. Mailing Address
14062 SW 144th Pkwy	14062 SW 144th Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee, Fl
Zip: 34974 Country: Okeechobee	Zip: 34974 Country: Okeechobee

01102005 Chg-P CR2E034 (10/03)

4. FEI Number: 73-1630290 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KIRCHNER, WILLIAM H 10433 SW JERNIGAN STREET ARCADIA, FL 34266	Name: Kirchner, William H. Street Address (P.O. Box Number is Not Acceptable): 14062 SW 144th Pkwy City: Okeechobee FL Zip Code: 34974

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: W.H. Kirchner (signature) W.H. Kirchner — 1-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☑ Delete	TITLE	PST-D	☑ Change ☐ Addition
NAME	KIRCHNER, WILLIAM H		NAME	Kirchner, William H.	
STREET ADDRESS	10433 SW JERNIGAN STREET		STREET ADDRESS	14062 SW 144th Pkwy	
CITY-ST-ZIP	ARCADIA, FL 34266		CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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) W.H. Kirchner — 1-12-05 — 941-626-9167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #