

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022306

1. Entity Name  
LABYRINTH CONSULTANTS, INC.



FILED

10 JUN 14 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
9679 CASA MAR CIRCLE 13300-56 S. Cleveland Ave  
FORT MYERS, FL 33919 33907 #207 9679 CASA MAR CIRCLE  
FORT MYERS, FL 33919 33907



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
13300-56 S. Cleveland Ave 13300-56 S. Cleveland Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
#207 #207

City & State City & State  
FT MYERS FL 33907 FT MYERS FL 33907  
Country Country  
USA USA

05122010 Chg-P CR2E034 (11/08)

4. FEI Number Applied For  
01-0645673 Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER, KIMBERLY A  
9679 CASA MAR CIRCLE  
FORT MYERS, FL 33919 33907

7. Name and Address of New Registered Agent

Name Lucy Adgate CPA  
Street Address (P.O. Box Number is Not Acceptable)  
13601 McQueen Blvd. #17  
City FT MYERS FL Zip Code 33919

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 Kimberly A Becker 6.10.10  
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  
Due by September 24, 2010

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PVSD  
NAME BECKER, KIMBERLY A  
STREET ADDRESS 9679 CASA MAR CIRCLE 13300-56 S. Cleveland Ave  
CITY-ST-ZIP FORT MYERS, FL 33919 33907 #207

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME 800180884948  
STREET ADDRESS 05/14/10--01012--006 \*\*150.00  
CITY-ST-ZIP

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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: Kimberly A Becker 6.10.10 239 940 0024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #