

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90024 014 ***158.75

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1. Entity Name

ELM TREE CONSULTING, INC.



Principal Place of Business

3606 S. OCEAN BLVD., SUITE 1001
HIGHLAND BEACH FL 33487

Mailing Address

3606 S. OCEAN BLVD., SUITE 1001
HIGHLAND BEACH FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
43-1979006

Applied For
Not Applicable

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

34005187



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

LUNTE, THOMAS
3606 S OCEAN BLVD STE 1001
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name **LUNTZ, Thomas**
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 reinstating)

DATE

2/9/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PTD	<input type="checkbox"/> Delete
NAME	LUNTZ, ANNA L	
STREET ADDRESS	3606 S. OCEAN BLVD., SUITE 1001	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUNTE, THOMAS	
STREET ADDRESS	500 FAIRWAY DR #208	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	BM	<input type="checkbox"/> Delete
NAME	CARLSTROM, LEIF	
STREET ADDRESS	OSTERGATAN 37 7TR	
CITY-ST-ZIP	15243 SODERTALJE, SWEDEN	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LUNTZ, TOM	
STREET ADDRESS	1010 SEMINOLE DRIVE #1407	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	BM	<input type="checkbox"/> Delete
NAME	LUNTZ, KAY A	
STREET ADDRESS	336 DREA CIRCLE NE	
CITY-ST-ZIP	NORTH CANTON OH 44720	
TITLE		<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNTZ	
STREET ADDRESS	3606 S. OCEAN BLVD., #1001	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3606 S. OCEAN BLVD., #1001	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04

561-274-4425