2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 01, 2005 8:00 am Secretary of State

DOCUMENT # P02000070481 1. Entity Name EGRET CONSULTANTS, INC.					07-01-2005 90002 042 ***550.00				
Principal Place of Business PO BOX 505 FERNANDINA BEACH, FL 32034 Mailing Address PO BOX 505 FERNANDINA BEACH, FL 32034					20060959				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292005	Chg-P	CR2E	034 (10/03)		
City & State		City & State					oplied For ot Applicable		
Zip	Country	Zip	Country			of Status Desire		\$8.75 Add Fee Require	
	6. Name and Address of Currer	nt Registered Agent	Nam	ne .	7. Name and	Address of New	Registered	Agent	·
VROOMAN, DAVID N 99937 CAPTAIN'S WAT 4820 ST MARC CT. FERNANDINA BEACH, FL 32034				Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	
	e named entity submits this statement tions of registered agent. Vaud 701	for the purpose of changing it:	s registered offic	e or register	red agent, or boti	n, in the State of	Florida. I am	familiar with,	and accept
		<u> </u>							
	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent s	ignature required	I when reinstating)		DATE		
	Signature, typed or printed name of registered age E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa	aign Financing		when reinstating) OO May Be ed to Fees		DATE		
	E NOW!!! FEE IS \$150.00	9. Election Campa 1.00 Trust Fund Con	aign Financing		.00 May Be ed to Fees	CHANGES TO O		O DIRECTOR	S IN 11
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con D DIRECTORS	aign Financing tribution.	\$5.	.00 May Be ed to Fees	CHANGES TO O		DIRECTOR ☐ Change	S IN 11
After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS ANI D LOFTIS-VROOMAN, LINDA K PO BOX 505	9. Election Campa Trust Fund Con D DIRECTORS Delete 35	aign Financing tribution. 11. TITLE NAME STREET ADDRE	\$5. Add	.00 May Be ed to Fees	CHANGES TO O			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	E NOWI!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS ANI D LOFTIS-VROOMAN, LINDA K PO BOX 505 FERNANDINA BEACH, FL 320 D VROOMAN, DAVID PO BOX 505	9. Election Campa Trust Fund Con D DIRECTORS Delete 35	aign Financing tribution. 11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	\$5. Add	.00 May Be ed to Fees	CHANGES TO O		☐ Change	☐ Addition
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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.

CITY-ST-ZIP

SIGNATURE: Named

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05

904-277-2988

ate

Daytime Phone #