

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 013 ***150.00

DOCUMENT # P02000086323

1. Entity Name
**INDEPENDENT PROJECT MANAGEMENT CONSULTING,
INC.**



Principal Place of Business
**2066 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118**

Mailing Address
**2066 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118**

40024130



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0423555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OLSON, ROGER T
2066 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**PSD
OLSON, ROGER
2066 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
OLSON, FRANCES
2066 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Frances C. Olson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06
Date Daytime Phone #

ATTACHMENT
Batten Madewell, CPA, LLC

Phone (386) 253-6851
Fax (386) 253-7216

February 28, 2006

Member - Florida
Institute of Certified
Public Accountants

40024138
#P02000086323

Division of Corporations
Uniform Business Report Filings
PO Box 6198
Tallahassee, FL 32314

CERTIFIED # 7005-1820-0007-6416-7855

Dear Gentlemen:

Enclosed please find the following listed form(s) for filing. Please receipt the enclosed copy of this letter and return it to us in the enclosed postpaid envelope.

| <u>FORM NUMBER</u> | <u>TAXPAYER NAME</u> | <u>REMITTANCE</u> |
|--------------------|---|-------------------|
| UBR-2006 | Andy's Certified Marine Service, Inc. | \$ 150.00 |
| UBR-2006 | Batten Madewell CPA LLC | \$ 50.00 |
| UBR-2006 | D. A. Batten & Associates, CPA, PA | \$ 150.00 |
| UBR-2006 | Driver Glass & Mirror, Inc. | \$ 150.00 |
| UBR-2006 | Independent Project Management Consulting, Inc. | \$ 150.00 |
| UBR-2006 | I.N.V. Inc. | \$ 150.00 |

Very truly yours,

Batten Madewell, CPA, LLC
Batten Madewell, CPA, LLC

Enclosure: As noted above