

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90078 018 \*\*\*150.00

**DOCUMENT # P02000106770**

1. Entity Name  
**JERRY SOLOMON CONSULTING, INC.**



Principal Place of Business  
**1857 JASMINE DRIVE  
SARASOTA, FL 34239**

Mailing Address  
**1857 JASMINE DRIVE  
SARASOTA, FL 34239**

**50035083**



2. Principal Place of Business  
**1662 Pinyon Pine Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**1662 Pinyon Pine Drive**  
Suite, Apt. #, etc.

04052005 Chg-P CR2E034 (10/03)

City & State  
**Sarasota Florida**

City & State  
**Sarasota Florida**

4. FEI Number  
**01-0755909**

Applied For  
Not Applicable

Zip  
**34240** Country  
**USA**

Zip  
**34240** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SOLOMON, JEROME  
1857 JASMINE DRIVE  
SARASOTA, FL 34239**

**7. Name and Address of New Registered Agent**

Name  
**Solomon, Jerome**

Street Address (P.O. Box Number is Not Acceptable)  
**1662 Pinyon Pine Drive**

City  
**Sarasota** **FL** Zip Code  
**34240**

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: DATE: **4/5/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

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**

TITLE  
**D**  
NAME  
**SOLOMON, JEROME** ☐ Delete  
STREET ADDRESS  
**1857 JASMINE DRIVE**  
CITY-ST-ZIP  
**SARASOTA, FL 34239**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
**D** ☒ Change ☐ Addition  
NAME  
**Solomon, Jerome**  
STREET ADDRESS  
**1662 Pinyon Pine Drive**  
CITY-ST-ZIP  
**Sarasota, FL 34240**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition  
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 persons empowered.

SIGNATURE: DATE: **4/5/05** DAYTIME PHONE: **941 356 8769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #