

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000132520

1. Entity Name
S & R CONSULTING GROUP, INC.



Principal Place of Business
5184 OSCEOLA AVE.
ST. AUGUSTINE, FL 32080

Mailing Address
P.O. BOX 4050
ST. AUGUSTINE, FL 32085-4050



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0918200

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, CHARLES E
77 ALMERIA ST.
ST. AUGUSTINE, FL 32084

**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 ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JOHNSON, RICHARD W
STREET ADDRESS	5184 OSCEOLA AVE.
CITY - ST - ZIP	ST. AUGUSTINE, FL 32080

TITLE	VSD
NAME	JOHNSON, SUSAN K
STREET ADDRESS	5184 OSCEOLA AVE.
CITY - ST - ZIP	ST. AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/06-80035-011 150.00

**DO NOT WRITE
IN THIS SPACE**

**PLEASE SIGN
& DATE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06
Date

Daytime Phone #