


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90027 010 \*\*\*158.75

<b>DOCUMENT # P03000013737</b> 1. Entity Name DU MANAGEMENT & CONSULTING, INC.	
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Principal Place of Business 2131 MCCLELLAM PARKWAY SARASOTA, FL 34239	Mailing Address 2131 MCCLELLAM PARKWAY SARASOTA, FL 34239
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**60003311**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1830 Loma Linda St	Suite, Apt. #, etc. 1830 Loma Linda St
City & State Sarasota FL	City & State Sarasota FL
Zip 34239	Country USA

01112006 Chg-P CR2E034 (11/05)

4. FEI Number  
37-1458185

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent UMBAUGH, DAVID 2131 MCCLELLAM PARKWAY SARASOTA, FL 34239	
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7. Name and Address of New Registered Agent Name DAVID A. Umbaugh Street Address (P.O. Box Number is Not Acceptable) 1830 Loma Linda St City Sarasota FL Zip Code 34239	
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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 David A. Umbaugh Director, Pres./SEC. 1/11/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UMBAUGH, DAVID 540 N WASHINGTON DRIVE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES./SEC. P.D.S.T. DAVID A. UMBAGH 1830 Loma Linda St SARASOTA, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David A. Umbaugh P.D.S.T. 1/11/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #