


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90078 047 ***150.00

DOCUMENT # P03000036400 1. Entity Name NKL CONSULTING, INC.					
Principal Place of Business 96 DEERPATH DR. OLDSMAR, FL 34-6775			Mailing Address P.O. BOX 848 PLANT CITY, FL 33564-0848		
2. Principal Place of Business - No P.O. Box # 17725 AYRSHIRE BLVD		3. Mailing Address Suite, Apt. #, etc.			
City & State LAND O' LAKES FL		City & State			
Zip 34638		Country		Zip Country	
6. Name and Address of Current Registered Agent GALLOWAY, DAVID H 506 N. ALEXANDER STREET PLANT CITY, FL 33563			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLOWAY, DAVID H 17725 AYRSHIRE BLVD LAND O' LAKES, FL 34638 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID H GALLOWAY 506 N. ALEXANDER ST PLANT CITY FL 33563 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (ADDRESS)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POST, JAMES H 95 DEERPATH DR. OLDSMAR, FL 346772064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES H. POST 17725 AYRSHIRE BLVD LAND O' LAKES FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (ADDRESS)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & CEO. JEANNE H. POST 17725 AYRSHIRE BLVD LAND O' LAKES FL 34638 <input type="checkbox"/> Change <input checked="" 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	
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 H. Galloway			David H. Galloway		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 3/27/07		
			<small>Daytime Phone #</small> 813.754.3438		