2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054194

1. Entity Name
LANATSA CONSULTING, INC.

Principal Place of Business	Mailing Address
3779 WARRIOR AVENUE	3779 WARRIOR AVENUE
NORTH PORT, FL 34286-4242	NORTH PORT, FL 34286-4242

DO NOT WRITE IN THIS SPACE

04012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0020343	Not Applicable

5. Certificate of Status Desired   ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIEDEWITSCH, JERRY
3779 WARRIOR AVENUE
NORTH PORT, FL 34286-4242

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

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	P
NAME	WIEDEWITSCH, JERRY L
STREET ADDRESS	3779 WARRIR AVE
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	ST
NAME	WIEDEWITSCH, PHYLLIS
STREET ADDRESS	3779 WARRIOR AVE
CITY-ST-ZIP	NORTH PORT, FL 34286

U00000286535
04/04/05--80033-011 158.75

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: _____   4/1/05   941 426 9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #