


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000101636 1. Entity Name JTA CONSULTING, INC.	
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Principal Place of Business 101 JACARANDA CT ROYAL PALM BEACH, FL 33411	Mailing Address 101 JACARANDA CT ROYAL PALM BEACH, FL 33411
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05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1204359	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

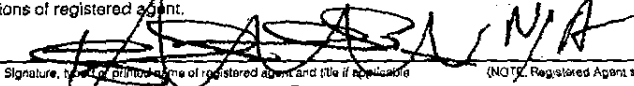
6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ.
% BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE
515 N. FLAGLER DRIVE 18TH FLOOR
WEST PALM BEACH, FL 33401

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000368939
06/03/05-80003-008 550.00

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	ACKNER, JASON
STREET ADDRESS	101 JACARANDA CT
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-05 561 307 4943
Date Daytime Phone #