


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000125256 1. Entity Name ENDRESS CONSULTING, INC.	
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Principal Place of Business 19915 DEER LAKE RD. LUTZ, FL 33548-720	Mailing Address 19915 DEER LAKE RD. LUTZ, FL 33548-720
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0374584	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 ENDRESS, JAMES R 19915 DEER LAKE RD. LUTZ, FL 33548-720

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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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTO ENDRESS, JAMES R 19915 DEER LAKE RD. LUTZ, FL 335487204
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11/12/07-80012-018 150.00

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IN THIS SPACE**

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: *James R. Endress* **JAMES R. ENDRESS** 1/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #