

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000034097

1. Entity Name
ARTHUR E-CONSULTING, INC.



Principal Place of Business
554 BOWLES STREET
NEPTUNE BEACH, FL 32266

Mailing Address
554 BOWLES STREET
NEPTUNE BEACH, FL 32266



02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2024533
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, RICHARD W
554 BOWLES STREET
NEPTUNE BEACH, FL 32266

**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 \$150.00
After May 1, 2006 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
PRES
ARTHUR, WILLIAM R
554 BOWLES STREET
NEPTUNE BEACH, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ARTHUR, WILLIAM R
554 BOWLES STREET
NEPTUNE BEACH, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECR
ARTHUR, WILLIAM R
554 BOWLES STREET
NEPTUNE BEACH, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
COATES, IONA K
5623 DARLOW AVENUE
JACKSONVILLE, FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

110100452683
03/13/06 80010-003 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/06
Date

404.241.2417
Daytime Phone #