2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

DOCUMENT # P04000041877 1. Entity Name: AL-BERT CONSULTING, INC. Principal Place of Rusings						02-21-2005 9	90059 039 *	**150).00
Principal Place of Business 6918 POLEY CREEK DRIVE, WEST LAKELAND, FL 33811 Mailing Address 6918 POLEY CREEK DRIVE, WEST LAKELAND, FL 33811									
2. Principal Place of Business 3. Mailing Address		3. Mailing Address							
Suite, Apt. #, etc.		. Suite, Apt. #, etc.		01182005	Chg-P	CR2E034 (1	10/03)		
City & State		City & State		4. FEI Numb	°37.14.5	8.9		plied For t Applicable	
Zip	Country	Zip Cou		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				itional 1
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Re	gistered Agen	ŧ	
	:	Name							
BERTELMANN, ALTON 6918 POLEY CREEK DRIVE, WEST LAKELAND, FL 33811				Street Address (P.O. Box Number is Not Acceptable)					
-				City FL Zip Code					
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 lamiliar with, and accept the obligations of registered agent.								and accept	
SIGNATURE Signstore, typed or printed name or registered agent and the it applicable. (NOTE: Registered Agent signature required when									-
	Signatore, typeo or printed notice or registered agent a	No maje approatrie. (NOTA	c: Hegistere	o Agent signature required	when (ensisting)		CATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 N After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.								_, -	
10.	OFFICERS AND I	DIRECTORS	11.		AIDDITIONS	CHANCES TO OFF	OCDO ANIO OIDI	COLOUG	ALL 4.4
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12. hereby c	certify that the information supplied with	this filling does not quality for	the exe	mption stated in Se	ction 119,07(3)((i), Florida Statutes, I	further certify th	at the in	formation
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 sustee 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.									