

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 004 ***150.00

DOCUMENT # P04000061809

1. Entity Name
DYER'S CONSULTING SERVICE, INC.



Principal Place of Business
**1344 SE BUCKINGHAM TERR
PORT ST LUCIE, FL 34952 US**

Mailing Address
**1344 SE BUCKINGHAM TERR
PORT ST LUCIE, FL 34952 US**

40054823



2. Principal Place of Business - No P.O. Box #
3138 SE Canby RD
Suite, Apt. #, etc.

3. Mailing Address
3138 SE Canby RD
Suite, Apt. #, etc.

04052007 Chg-P CR2E034 (12/06)

City & State
Port St Lucie, FL
Zip **34952** Country **US**

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Port St Lucie, FL
Zip **34952** Country **US**

4. FEI Number
06-1725185
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**DYER, LISA G
1344 SE BUCKINGHAM TERR
PORT ST LUCIE, FL 34952**

7. Name and Address of New Registered Agent
Name **Dyer, Lisa G.**
Street Address (P.O. Box Number is Not Acceptable)
3138 SE Canby RD
City **Port St Lucie** **FL** Zip Code **34952**

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 **Lisa M. Dyer, TSD** **4/5/07**
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYER, JOHN C			NAME	Dyer, John C.		
STREET ADDRESS	1344 SE BUCKINGHAM TERR			STREET ADDRESS	3138 SE Canby RD		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952			CITY-ST-ZIP	PORT ST LUCIE, FL 34952		
TITLE	TSD	<input type="checkbox"/> Delete		TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYER, LISA G			NAME	Dyer, Lisa G.		
STREET ADDRESS	1344 SE BUCKINGHAM TERR			STREET ADDRESS	3138 SE Canby RD		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952			CITY-ST-ZIP	PORT ST LUCIE, FL 34952		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: **Lisa M. Dyer, TSD** **4/5/07 772-337-4730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #