

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P04000061809

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



Principal Place of Business
**3138 SE CANBY RD
PORT SAINT LUCIE, FL 34952 US**

Mailing Address
**3138 SE CANBY RD
PORT SAINT LUCIE, FL 34952 US**



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1725185

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DYER, LISA G
3138 SE CANBY RD
PORT SAINT LUCIE, FL 34952**

**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, 2008 Fee will be \$550.00**

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

UN00000897412
04/21/08-80019-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DYER, JOHN C
STREET ADDRESS	3138 SE CANBY RD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34952
TITLE	TSD
NAME	DYER, LISA G
STREET ADDRESS	3138 SE CANBY RD
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

Date

Daytime Phone #

Lisa G. Dyer Lisa G. Dyer, TSD 4/7/08 772-225-1700