

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90180 008 \*\*\*150.00

**DOCUMENT # P04000082247**

1. Entity Name  
**HEAD CONSULTING, INC.**



Principal Place of Business  
**5823 HWY 90  
MILTON, FL 32583**

Mailing Address  
**5823 HWY 90  
MILTON, FL 32583**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302008

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-1133219**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HEAD, H. GEOFFREY  
5823 HWY 90  
MILTON, FL 32583**

7. Name and Address of New Registered Agent

Name **H. Geoffrey Head**  
Street Address (P.O. Box Number is Not Acceptable)  
**4441 Bell Lane**  
City **Pace** **FL** Zip Code **32571**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/08**

**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

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **HEAD, GEOFFREY**  
STREET ADDRESS **5823 HWY 90**  
CITY - ST - ZIP **MILTON, FL 32583**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition  
NAME **Head, Geoffrey**  
STREET ADDRESS **4441 Bell Ln**  
CITY - ST - ZIP **Pace FL 32571**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
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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 #

**4/30/08**

**850-994-7660**