

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 032 ***150.00

DOCUMENT # P04000091659

1. Entity Name
CANNONBALL CONSULTING INC



Principal Place of Business
**11336 LAKE EUSTIS DR
LEESBURG, FL 34788 US**

Mailing Address
**11336 LAKE EUSTIS DR
LEESBURG, FL 34788 US**

2. Principal Place of Business - No P.O. Box #
8411 ARBOUR LAKE DR.

3. Mailing Address
8411 ARBOUR LAKE DR.

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
LEESBURG, FL

City & State
LEESBURG, FL

Zip
34788

Country

Zip
34788

Country

40060910



04042007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1257908

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YOUNG, JEFFERY S
11336 LAKE EUSTIS DR
LEESBURG, FL 34788**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8411 ARBOUR LAKE DR.

Apt. #
102

City
LEESBURG

FL

Zip Code
34788

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, JEFFERY S 11336 LAKE EUSTIS DR LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8411 ARBOUR LAKE DR. # 102 LEESBURG, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **4-16-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #