

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000135096

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** CHARLENE WILLIAMS CONSULTING INC.

**Current Principal Place of Business:**

2130 QUARTER HORSE CIR NORTH  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

2130 QUARTER HORSE CIR NORTH  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 20-1702620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, CHARLENE  
2130 QUARTER HORSE CIR NORTH  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

WILLIAMS EISENMENGER, CHARLENE  
2130 QUARTER HORSE CIR NORTH  
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: CHARLENE WILLIAMS EISENMENGER  
Electronic Signature of Registered Agent

04/22/2011  
Date

**OFFICERS AND DIRECTORS:**

Title: PVD  
Name: WILLIAMS EISENMENGER, CHARLENE  
Address: 2130 QUARTER HORSE CIR NORTH  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLENE WILLIAMS EISENMENGER  
Electronic Signature of Signing Officer or Director

PRES

04/22/2011  
Date