

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000159452	
1. Entity Name GLOBAL SALES & CONSULTING, INC.	

Principal Place of Business 601 BRYAN STREET JACKSONVILLE, FL 32209 US	Mailing Address 9283 SAN JOSE BLVD. STE 101 ATTN: DAWN WRIGHT JACKSONVILLE, FL 32257 US
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1919249	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WRIGHT, DAWN A 338 EVENTIDE DRIVE ORANGE PARK, FL FL

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5441 PN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WUERDERMAN, THOMAS A 205 RAINTREE TRL SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5441 PN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5431 PN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMER, JOOST SCHEPERSTRAT 1 OEFFELT, OC 5441 PN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000512586
04/29/06-80094-015 150.00

**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 #